



Executive Board

**Thursday, 5 November 2009 2.00 p.m.
Marketing Suite, Municipal Building**

A handwritten signature in black ink, appearing to read 'David W R'.

Chief Executive

**ITEMS TO BE DEALT WITH
IN THE PRESENCE OF THE PRESS AND PUBLIC**

PART 1

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1. MINUTES	
2. DECLARATION OF INTEREST	
Members are reminded of their responsibility to declare any personal or personal and prejudicial interest which they have in any item of business on the agenda no later than when that item is reached and, with personal and prejudicial interests (subject to certain exceptions in the Code of Conduct for Members), to leave the meeting prior to discussion and voting on the item.	
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In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.

REPORT TO:	Executive Board
DATE:	5 November 2009
REPORTING OFFICER:	Strategic Director, Children & Young People Directorate
SUBJECT:	Placement Strategy Review
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

- 1.1 To review the current position regarding Halton's Children in Care (CiC) population and the arrangements for placing children.
- 1.2 To propose a revised strategy where all Children in Care have a choice of placement to suit their needs.
- 1.3 To ensure that Halton makes efficient and effective use of all its resources
- 1.4 To seek approval for an Invest to Save Bid in order to improve the recruitment and retention of Foster Carers through an increase in allowances.

2.0 RECOMMENDATION: That:

- (1) The approach identified in the Placement Strategy is endorsed by Executive Board and further work is undertaken to develop it; and**
- (2) Support is given to an Invest to Save Bid**

3.0 SUPPORTING INFORMATION

- 3.1 As of 9th October 2009, Halton had 158 Children in Care. Although this figure is slightly higher than in recent months, the overall trend shows a reduction in the Looked After population from a high of 169 in 2004.
- 3.2 A detailed analysis of the Children in Care population (December 2008) identified some trends and useful information such as: -
 - 3.2.1 The largest cohort of children is 11 – 15 year olds
 - 3.2.2 Gender is fairly evenly balanced, with a slight preponderance of males.

- 3.2.3 There is a high probability of a child experiencing several placement moves if they have been in care for over 4 years.
- 3.2.4 There is a sharp rise in placement moves after 6 years in care.
- 3.2.5 Teenagers make up almost 50% of the CiC cohort, with an average time in care of 9 years during which time they experience an average of 15 placements.
- 3.2.6 There are 40 children placed in out of borough provision at a cost of almost £3 million.
- 3.3 There has been significant difficulty in recent years in recruiting sufficient foster carers to meet both the demand for placement and to provide choice of placement. Currently, there are 69 approved carers, approximately 20 of whom are kinship carers. It is projected that at least an additional 20 carers are needed to provide for the current CiC population.
- 3.4 Whilst the recent Ofsted inspection of the Foster Care Service in Halton (6th October 2009) judged the service to be Good with some Outstanding features, the Inspector did make a formal recommendation in respect of National Minimum Standard 17. This standard requires fostering providers to have a sufficient number of foster carers to allow for placement choice. Halton is currently unable to meet this standard.
- 3.5 In addition to foster care, the Borough has 6 residential beds for young people, 4 at Edinburgh Road and 2 at Littlebourne.
- 3.6 DFES data (2006) shows that the age of young people in residential care has continued to rise. The view appears to be that residential care is still regarded as a last resort with all other options having been tried first.
- 3.7 In Halton the average age of children in residential care is 13.2 years. The young people who are placed present with increasingly complex emotional, behavioural and mental health issues.
- 3.8 The analysis of placements has highlighted some key issues for Halton:-
 - 3.8.1 There is a significant shortage of foster carers for all age ranges of children
 - 3.8.2 Residential care may be provided at too late a stage for some young people to benefit from.
 - 3.8.3 There is a shortage of provision for young people who reach 16 years of age, have 'out-grown' residential care but are not ready to live independently.

- 3.8.4 The lack of placement choice particularly in relation to foster care is impacting negatively on the number of children who need to be placed out of Borough. It is also adversely affecting the placement stability of children.
- 3.8.5 Provision for young people with mental health needs, particularly those aged 16-19 years, is insufficient and tends to be reactive rather than proactive.
- 3.9 In order to meet the variety of assessed needs of young people, Halton will need to provide a range of provision for Children in Care. This will include provision for :-
- 3.9.1 Less complex needs – children with less complex needs will be placed in task centred foster care. It is likely that these children will, on the whole, be at the younger end of the age range than those with more complex needs.
- 3.9.2 More complex needs – where children are identified as having more complex needs, an understanding of the level of complexity should inform placement choice. An environment which could offer more sustained and specialist support is required so both residential care and foster care should be considered.
- 3.9.3 Extensive complex needs – for those children with very complex needs, specialist provision, which is more likely to be in residential setting, will be required.
- 3.9.4 Preparing for Independence – foster care or residential provision, which skills young people to successfully sustain life after care.
- 3.10 This approach requires a reaffirmation that, where possible, children should be placed within a family setting but that it is their needs, (not necessarily their age or a particular principle), that should inform the placement decision. Residential care should be seen as part of the continuum of care and should be used as a positive option for some children.
- 3.11 **Residential Care – Proposals.** Under this proposal, Halton's existing children's homes would need to change their purpose.
- 3.12 The age of admission for Edinburgh Road would become 10-14 years although they would care for children up to 16 years of age. Children aged from 10-14 years would be prioritised, with the aim of stabilising their behaviours and moving them on to a more permanent placement.

- 3.13 The purpose and function of Littlebourne would be adjusted to meet the needs of young people aged 15 plus who had reached the conclusion of their statutory education. This could be a positive option for young people who have 'outgrown' a children's home but who are not ready to live alone. It would also provide reassurance that the Council is committed to providing a care setting up to adulthood if that is what is required. This would operate alongside foster care and initiatives such as the starter flats and supported lodgings.
- 3.14 Further information in respect of these proposals for Residential Care will follow in the near future.
- 3.15 **Foster Care - Proposals.** The lack of capacity within the foster care service needs to be urgently addressed. Over the past 3 years the number of foster carers has fallen from 90 to 69. This reflects a particular effort to ensure that those who are approved, as carers are able to meet the standards required, are safe and are prepared to undertake training and development. It also reflects losses due to age and circumstances, but it also reflects that fewer new carers are being approved. In the past year, for example, 6 new carers have been approved but 16 have been withdrawn.
- 3.16 There are a number of barriers to the recruitment of carers, some of which are reflected nationally and some which appear more specific to Halton. These would include:
- 3.16.1 Competition from neighbouring authorities who offer significantly better allowances to carers
 - 3.16.2 Competition from the Independent Fostering Agencies which have developed across the North West region and who offer an income, better allowances and better support services, eg regular respite.
 - 3.16.3 People who wish to become carers are doing their own research on what agencies have to offer and are no longer necessarily choosing a local one.
 - 3.16.4 The fostering allowance is not an income but covers the cost of caring for the child. In society generally, there are less and less households that can survive without earned income.
 - 3.16.5 There are more employment options for potential carers, which require less time commitment and are more flexible than foster caring can be for example retail and call centres
 - 3.16.6 For someone interested in working with children, the fact that fostering does not provide an income is a deterrent that results in those individuals seeking opportunities in schools, children's

centres, early years setting, child minding, all of which pay an income and do not require a 365 day per year commitment

- 3.16.7 In addition, in order to fulfil the fostering task and meet the needs of children who require placement, it has now become almost essential that at least one carer in a household remains at home
- 3.16.8 The standards for foster carers have increased with the introduction of National Minimum Standards, Ofsted inspection regimes and the Children Workforce Development Council development standards
- 3.16.9 In order to care safely for a child, households need a spare bedroom, which is something that many prospective carers do not have.
- 3.17 A recent report by Fostering Network predicted a national shortage of foster carers as two thirds approach retirement age. Nationally, the average age of foster carers is 54 years. In Halton, the average age is 50 years with few carers currently being recruited below that age.
- 3.18 In order to address the shortfall of foster carers it is proposed that -
- 3.18.1 Allowances paid to carers are increased to reflect not only the cost of caring for a child but to represent a payment for their professional task. Until the service is able to compete with other authorities, the Independent Foster Agencies (IFA) and local employment opportunities, recruitment is likely to remain difficult.
- 3.18.2 Consideration is given to building the capacity of the Foster Service team through the introduction of Support Assistants with a specific remit to provide placement support.
- 3.18.3 The integration of services continues so that an increasing range of partners and essential support services are available to children and carers.
- 3.18.4 Using some of these proposed changes, the marketing campaign to recruit more carers would need to be revised and intensified.
- 3.19 Across all placement services, there would need to be investment in developing the skill level of residential staff and carers and in developing ways of working that promote resilience in Halton's CiC.
- 3.20 A similar Invest to Save approach to developing foster care provision has been taken by St Helens Council in recent years and has proved extremely successful. They have seen their number of foster carers

rise from 59 in March 2006 to 103 in September 2008, with a corresponding rise in the number of Kinship carers from 52 to 65. This has significantly reduced their use of expensive purchased placements and has improved their retention of existing carers.

4.0 POLICY IMPLICATIONS

- 4.1 The proposal to seek to place more children within a foster care setting in their own community is consistent with legislation, guidance and best practice.
- 4.2 The proposal is also consistent with current Council policies, the Halton Multi-agency Children in Care Strategy and Corporate Parenting responsibilities.
- 4.3 Achieving a greater number of carers and therefore placement choice would ensure that the Council was complying with the National Minimum Standards for Foster Care, as recently identified by Ofsted.

5.0 OTHER IMPLICATIONS

- 5.1 If payments to foster carers are to be increased to make it a more competitive choice for people, a one off investment of £250,000 is required. (Appendix 1).
- 5.2 Whilst significant, this represents just 5 IFA placements at a time when, due to a lack of in house capacity, Halton has 27 such placements at a cost of over £1m.
- 5.3 Discussions have been held with the Operational Director, Finance Services and an Invest to Save Bid is now presented for Executive Board approval. (Appendix 2)
- 5.4 The introduction of Support Assistants to the fostering team can be achieved through a re-design of existing services.
- 5.5 In respect of the possible change of purpose within the children's homes, a further report will be presented to SMT and Executive Board when the details of this are clarified.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

The proposal seeks to ensure that more children are able to remain within their own community when they require the provision of care. A larger number of carers will also result in greater choice and more appropriate "matches" for young people.

6.2 Employment, Learning & Skills in Halton

If young people are able to remain in Halton whilst in care, they will experience less disruption in their education and will benefit from the partnerships that have developed within the borough in relation to future employment and learning opportunities. In addition, the role of foster carer may become more feasible for adults in Halton who may see it as an appropriate form of “employment” for themselves.

6.3 A Healthy Halton

The proposal is consistent with ensuring that Children in Care and their carers are able to access local resources, which will help to provide their physical and emotional well-being.

6.4 A Safer Halton

Young people often wish to remain within their own community and the ability to do so improves their likelihood of achieving well in all areas of their life.

6.5 Halton’s Urban Renewal

If Children in Care feel settled and comfortable within their home and community they are likely to engage better in the opportunities the borough is able to offer them.

7.0 RISK ANALYSIS

7.1 The failure to increase the foster care allowances and therefore attract more carers, will result in limited placement choice for young people, inability to comply with National Minimum Standards, rising placement costs for out of borough provision and potentially poorer outcomes or Children in Care.

8.0 EQUALITY & DIVERSITY ISSUES

8.1 Improving placement choice for Children in Care will improve their life chances and contribute to ensuring that the needs of this vulnerable group are met.

9.0 REASON FOR DECISION

9.1 The decision to support the Invest to Save Bid to allow foster care allowances to be increased is required in order to correct a current deficit of placements within Halton and the increasing cost of purchasing these externally.

10.0 ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

10.1 There would appear to be no real alternative option. Attempts have been made to increase the recruitment of carers via a range of marketing campaigns but this has had limited success.

11.0 IMPLEMENTATION DATE

11.1 It is proposed that the new allowances be implemented in September 2010. This will allow sufficient time to advertise the new rates and recruit, assess and approve the first of the new carers.

12.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

12.1 It is proposed that the new allowances be implemented in September 2010. This will allow sufficient time to advertise the new rates and recruit, assess and approve the first of the new carers.

Document	Place of Inspection	Contact Officer
National Minimum Standards for Foster Care	Ofsted Website	Contact Officer Christine Taylor
Care Matters	DCSF Website	Christine Taylor
Children & Young Persons Act 2008	DCSF Website	Christine Taylor
Children in Care Strategy	Grosvenor House	Christine Taylor

At what age did Children/Young People come into care?

Children in Care first admission April 2004 – December 2008

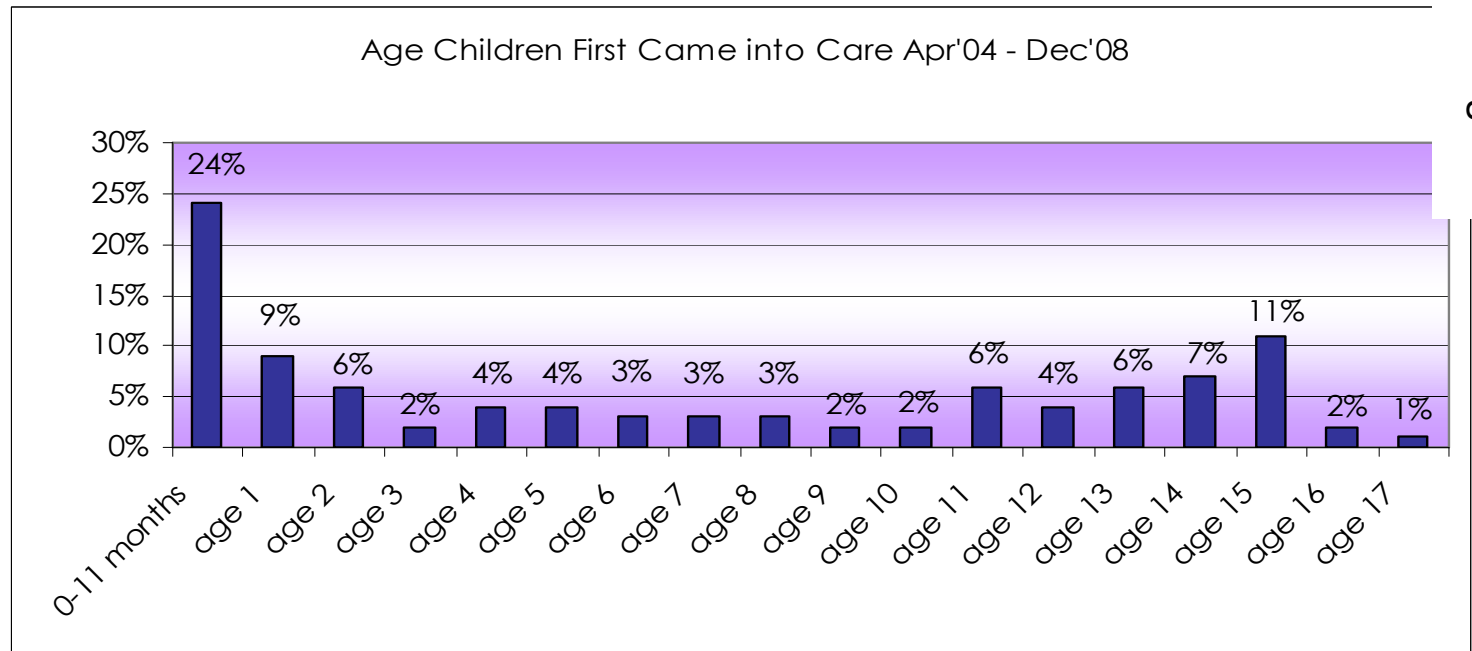
There were 241 Children/Young People in the cohort ages ranged from 0-9 to 17 years. The graph illustrates 24% were age 0-11 months when they first came into care. This could be due the high risk factors, vulnerability associated

with this age group. Another consideration is older siblings referrals bringing all sibling groups into care system. **Further investigation has shown 22 of 58 of these babies are indeed in sibling groups in care almost 50%. Overall 33% are 0-23 months when first coming into care.**

Further analysis on this group may prove interesting.

The percentage figures range from 4% to 11% in this group. At a difficult age are these families in crisis? Further investigation may reveal S20 voluntary accommodated due to disruptive behaviour.

Age Group	Numbers
0-11 months	58
age 1	22
age 2	15
age 3	6
age 4	10
age 5	10
age 6	7
age 7	8
age 8	7
age 9	5
age 10	6
age 11	14
age 12	9
age 13	15
age 14	18
age 15	26
age 16	4
age 17	1
Grand Total	241

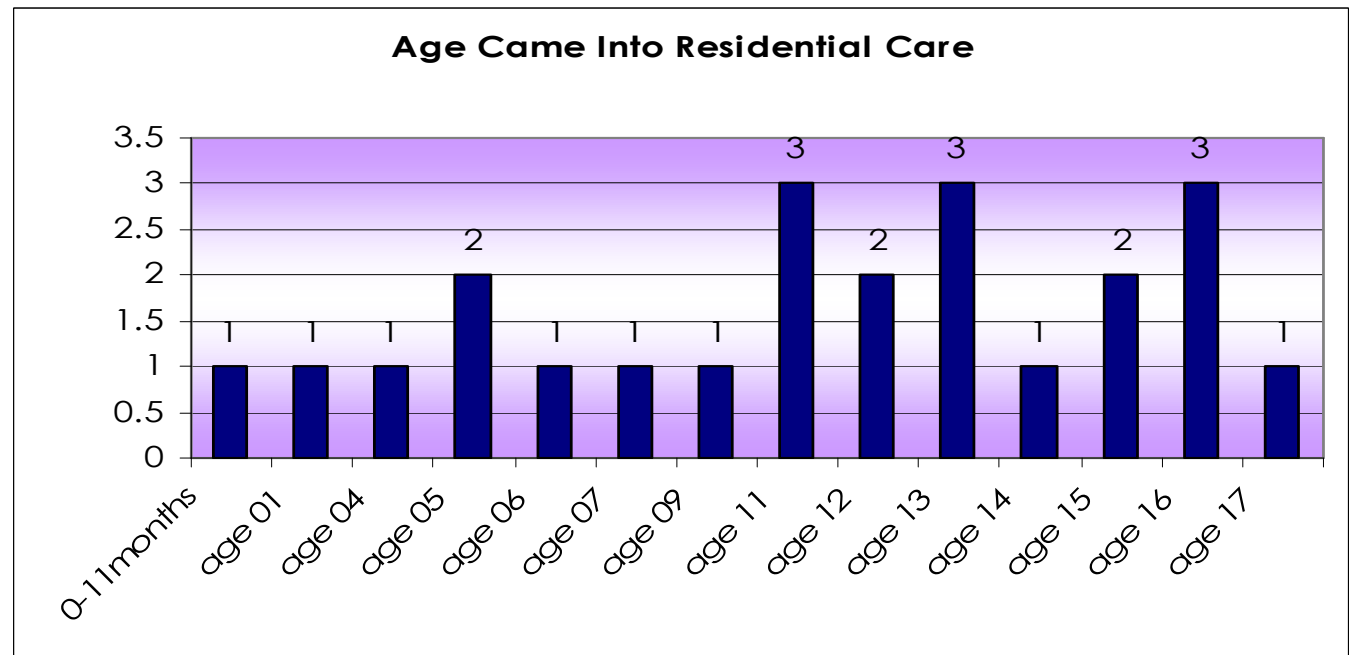


Children in Care in Residential

Total in the cohort 26 Children/Young People

The graph below shows the number of Children/Young People per ages that they came into residential care in the cohort. The graph illustrates the highest number was 5 young people who were age 15 when entering residential care. The 0-11 months old baby and 1 year old were in NHS Nursing residential. This group again shows the 11 – 16 years has the highest numbers. This group would benefit from further analysis to identify trends.

Age	Number	%
0-9 months	1	4%
Age 1	1	4%
Age 4	1	4%
Age 5	2	8%
Age 6	1	4%
Age 7	1	4%
Age 9	1	4%
Age 11	3	8%
Age 12	2	8%
Age 13	3	12%
Age 14	1	4%
Age 15	5	19%
Age 16	3	12%
Age 17	1	4%



APPENDIX 1**Foster Care Allowances**

The following projections are based on the current level of placements as at 16/09/09 and it should be noted that any changes in placements between that date and the end of the year could substantially impact on the projected figures.

Background

We currently have a placement budget of £3,768,460 consisting of:

- £365,540 Independent foster care (IFA'S)
- £1,986,200 Residential placements
- £1,416,720 In-house foster care

Over the previous three years (2006-2009) savings totalling £275,000 have been taken out of this budget, however in 2009/10 £300,000 additional growth funding was put back in to the budget.

In 2006/07 the total placement outturn was an underspend of £497,062 and in 2007/08 the outturn was an overspend of £89,284. By 2008/09 the outturn had increased to an overspend position of £262,421.

The total placement budget for 2009/10 is currently projecting to overspend as indicated in Table 1. We have recently managed to obtain agreement from the PCT to contribute funding on a continuing care basis for some placements which has resulted in reducing the projected overspend.

Table 1 – Budget and projected outturn 2009/10

Year	Budget	Outturn	Variance
2009/10	£3,768,460	£3,955,186	£186,726

This projection is a snapshot taken at this time but it should be noted that this can be a particularly volatile budget and projections could substantially change in relation to placement changes in year.

There has been a small rise in the number of children requiring foster care placements between 2007-2009 rising from 109-118. This additional provision has had to be provided by independent fostering agencies (IFA) due to the decrease in in-house provision, resulting in an increase of placements from 23-32 between 2007-2009.

Current Position

There are currently four age categories for foster carer payments and these are paid at either basic or enhanced rate depending on the specific needs of the child (see table 2).

Table 2 – Current fostering rates

Age	Basic	Enhanced
0-4	£125.09	£239.16
5-10	£142.49	£256.37
11-15	£177.38	£290.87
16-17	£215.74	£331.87

The rates charged by IFA's are substantially higher than those indicated in table 2 and cost on average £820 per week. The significant difference in these costs together with the increase in IFA placements due to lack of available in-house provision is the fundamental underlying reason for the current budget pressure.

Proposal

With effect from September 2010, it is proposed to change the foster carer payments to three age categories, to remove the enhanced rates of payment but to increase the amounts paid in each category (see table 3).

Table 3 – Proposed fostering rates

Age	Amount
0-4	£240.00
5-15	£280.00
16-17	£320.00

The total projected full year cost of existing placements at the current agreed rates is £917,542. If we were to adopt the proposed new rates for foster carer payments the total full year projected costs for the same placements would increase to £1,401,185, an increase of £483,644.

The intention of the proposed uplift is to attract more people to become foster carers within Halton allowing more children to be placed with these carers rather than more expensive IFA placements. St Helens Council undertook a similar process and have seen a marked increase in the number of foster carers and a consequent decrease in the number of independent placements (see table 4).

Table 4 – St Helens fostering placements

Placement Type	31/03/2006	31/03/2007	31/03/2008	30/09/2008
In house foster placements	59	75	89	103
Agency foster	70	72	54	49

placements				
Kinship Placements	52	71	60	65

As can be seen from the table above, the in house fostering provision increased and the requirement for independent placements decreased. There is still a decrease in the level of independent placements even though there has been an overall increase in the number of children in St Helens requiring placement. In order to achieve this change to the foster care system St Helens increased their placement budget by a figure in excess of £1m.

The population of St Helens is approximately 26% higher than Halton, therefore we could potentially expect to recruit proportionally less new carers in the same time frame (see table 5).

Table 5 – Projection of new carer recruitment

	Year 1	Year 2	Year 3
No. of new carers	6	12	10

The current cost of IFA placements and residential placements is substantially more than the cost of in house foster care provision. If additional in house foster carers can be recruited and existing placements transferred from an IFA to in house carers, there would be a substantial reduction in expenditure.

There are currently 27 children placed with an IFA at an average cost of £820 per week and 22 residential placements at an average cost of £2,666 per week. This compares to the average cost per week of £280 for the new proposed fostering rates. Of the existing placements, 23 fostering and 2 residential placements could be transferred to in house provision if there was sufficient capacity. The potential reduction in expenditure by transferring all of these placements to in house provision can be seen in table 6 below, however a proportion of this would be offset with an increase in the cost of in-house placements.

Table 6 – Projected reduction in expenditure

	Cost of current placements	Projected in house costs	Saving
Fostering placements	£1,075,195	£478,158	£597,037
Residential placements	£268,398	£31,200	£237,198
Total	£1,343,593	£509,358	£834,235

These savings would be realised over a period of time as it would be unrealistic to expect to instantly recruit a large number of new foster carers

and would be proportionally offset by the increase in cost of in-house provision. Consideration would need to be given to move the most expensive placements from IFA's to new in house provision first, however this may not be possible in all cases depending on the individual needs of the placement.

Table 7 indicates the potential reduction in expenditure for foster care placements associated with moving from IFA to in-house placements and the associated under/overspend projection. This is based on the number of potential new foster carers we could recruit in table 5 and the transfer of the highest cost current packages over a 3 year period.

Table 7 – 3 Year projection implementing new proposed rates

	Current	2010/11	2011/12	2012/13
In-house Foster Care	£917,542	£1,204,084	£1,659,105	£1,758,945
Independent Placements	£1,343,593	£1,121,895	£424,045	£151,598
Total Expenditure	£2,261,135	£2,325,979	£2,083,150	£1,910,543
Projected (Under)/Overspend	£186,726	£251,570	£8,741	(£163,866)

This table shows a total reduction in expenditure for foster care placements over a 3 year period of £350,591. **However in order to achieve this a direct investment to the foster care placement budget of £250,000 is required in order to meet the projected costs in 2010/11.** Projections based on the current level of placements indicate that this investment will lead to an eventual saving in 2012/13 in excess of £163,000.

If however no action is taken with regard to implementing a new strategy and the current trend of decreasing numbers of in-house carers continues, this will put increasing pressure on the placement budget. New carers are currently being recruited but not in sufficient numbers to provide the placements that are needed. If recent trends continue, there could be a reduction in the overall number of in house carers of by approximately 4 per year. Consequently we would need extra IFA placements at a higher cost to meet the placement demand.

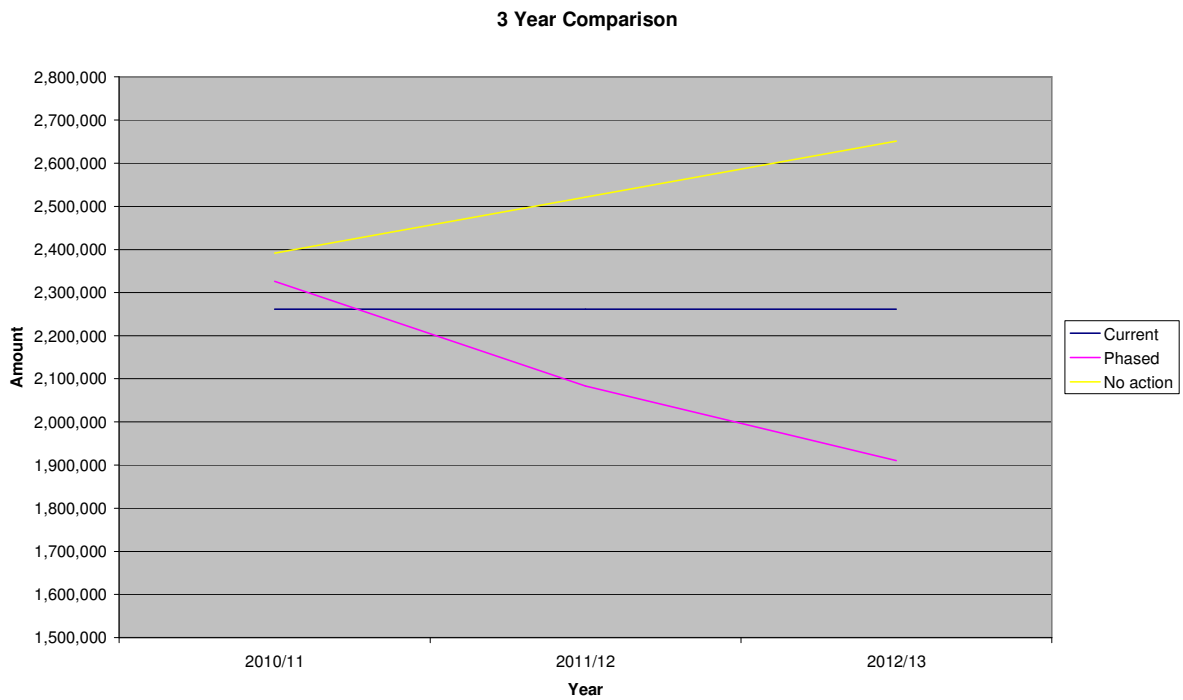
Table 8 below indicates the potential increase in expenditure for foster care placements if no action is taken and the number of in-house foster carers continues to decrease. The figures used for this example are an average of our current in-house foster care rates and an average of our current IFA placement costs.

Table 8 – 3 Year projection recruiting no new foster carers

	Current	2010/11	2011/12	2012/13
In-house Foster Care	£917,542	£883,186	£848,829	£814,473

Independent Placements	£1,343,593	£1,508,066	£1,672,539	£1,837,012
Total Expenditure	£2,261,135	£2,391,252	£2,521,368	£2,651,485
Projected (Under)/Overspend	£186,726	£316,843	£446,959	£577,076

The graph below illustrates the current level of placements, a projection based on implementing the new proposed rates phased part way through year 1 and a projection of the impact if no action is taken and in-house foster carer numbers continue to decrease.



APPENDIX 2

<u>DIRECTORATE:</u>	<u>Children and Young People</u>		
<u>DEPARTMENT:</u>	<u>Specialist Services</u>		
<u>CONTACT OFFICER:</u>	<u>Christine Taylor</u>	<u>DATE:</u>	<u>27th October 2009</u>

1. Outline of the Invest to Save proposal, including what the funding will be spent on.

The proposal is to seek funding to allow for an increase in the allowances paid to Halton Borough Council Foster Carers.

It has been identified for some time, and most recently by Ofsted, that the supply of foster carers in Halton is insufficient to meet demand. There is currently a shortage of at least 20 carers for children of all ages. One of the main barriers to recruitment is that fostering does not provide a carer with an income, and it is therefore not an alternative to paid employment or other opportunities in the child care sector. Halton's allowances are also increasingly uncompetitive when compared to surrounding authorities and the Independent Fostering sector.

The shortfall of carers results in the authority having to purchase expensive external placements which then places significant pressure on the Placement budget.

Current allowances are as follows:

	Basic	Enhanced
0-4	£125.09	£239.16
5-10	£142.49	£256.37
11-15	£177.38	£290.87
16-17	£215.74	£331.87

The proposed allowances are as follows:

Age	Amount
0-4	£240.00
5-15	£280.00
16-17	£320.00

2. Amount of Invest to Save funding required (£'000)

£250

3. What on-going revenue budget savings are anticipated from this proposal?			
2009-10 £'000	2010-11 £'000	2011-12 £'000	2012-13 £'000
<u>(£187)</u>	(£252)	(£9)	£164

4. What are the risks to not achieving this level of savings?

The risk is that the current projected overspend on the Placement budget of £186,726 will increase as more children need to be placed in independent placements due to the shortage of in-house carers. A projection based on the current level of Children in Care and the continued decline of in-house carers indicates that the overspend on this budget could increase to £577,076 by 2012/13 if no action is taken.

5. How sustainable will the savings be?

An increase in the number of carers will make the savings sustainable. Experience in other authorities indicates that a better level of fee attracts more new carers and retains existing ones.

6. What alternative sources of funding (HBC or external) have been explored to fund this proposal?

The only alternative would be a request for growth funding.

7. What would be the impact of the proposal upon the Council's corporate areas of focus, LAA targets, performance indicators, CPA scores, outcomes for service users, access to services, etc?

Ofsted have already identified that the Council is failing to meet one of the National Minimum Standards for Fostering by not having sufficient carers to provide placement choice. The Foster Care service is a regulated service and the inspection results have relevance to the CAA. The lack of placement choice can impact on a range of outcomes and performance indicators, including educational achievement, placement stability, emotional health and well being, employment and training, independent living, etc
The proposal would result in a positive impact on most corporate areas of focus.

8. Will the proposal result in lessons/experience that can be rolled out across other areas of the Council?

The proposal may provide further learning on the utilisation of invest to save funding.

9. What is the estimated timescale to implement the proposal if it were approved?

It is proposed that fees be increased from September 2010. This timeframe will allow the proposed fees to become part of the recruitment campaign for new carers and will allow for those carers to be fully assessed and approved.

REPORT TO: Executive Board

DATE: 5 November 2009

REPORTING OFFICER: Strategic Director, Health & Community

SUBJECT: Joint Carers Commissioning Strategy
2009/12

WARDS: Boroughwide

1.0 PURPOSE OF REPORT

1.1 To present Executive Board with the draft Joint Carers Commissioning Strategy 2009/12 attached at Appendix 1.

2.0 RECOMMENDATION: That the Executive Board agree the draft Strategy and associated action plan.

3.0 SUPPORTING INFORMATION

3.1 The Strategy builds upon the aims, objectives and activities outlined in the 2008/9 Carers Strategy, including an action plan, to support services in Halton move toward a more focused way of commissioning services for Carers over the next 3 years.

3.2 It has been developed as a result of research carried out in terms of other Local Authority plans and ongoing consultations and contributions from all stakeholders, including: -

- Local Implementation Team (LIT) Carer Sub Groups
- Carers
- Health Halton Policy & Performance Board 15.9.09
- Halton Carers Strategy Group
- Halton LINK
- Halton & St Helens NHS Trust
- Halton Carers Centre
- Voluntary Sector organisations
- Staff and managers from the Health & Community and Children & Young People's Directorate

3.3 The format of the commissioning strategy follows a similar one adopted with other Joint Commissioning Strategies within the Directorate and also takes account of the contents of the National Carers Strategy published in June 2008, by focusing commissioning intentions on: -

- Integrated and Personalised Services
- A Life of Their Own

- Income & Employment
- Health & Wellbeing
- Young Carers

3.4 The main objectives of this Commissioning Strategy are not only to move towards a process for the commissioning of services but to continue to assist in the identification of hidden carers and improve information and access to support services. It should be noted that a balance will need to be achieved between commissioning and the work that continues to take place in supporting voluntary sector organisations.

3.5 The LIT Carer Sub Groups and the multi agency Carers Strategy Group will undertake monitoring of the implementation of the Commissioning Strategy and associated action plan.

4.0 POLICY IMPLICATIONS

4.1 None specifically identified.

5.0 FINANCIAL IMPLICATIONS

5.1 Carers Services in the main are funded via the Carers Grant (full details outlined in the Commissioning Strategy) and the introduction of a Joint Commissioning Strategy is critical in ensuring that the Carers Grant continues to be ring fenced for use with carers as the Grant now forms part of the Area Based Grant. It should be noted that the Carers Grant funding is only available until the end March 2011. The Strategy therefore does not include any Council financial commitment beyond March 2011. Work will need to commence during 2010 on the development of a funding exit strategy outlining how the Commissioning Strategy could potentially be funded from April 2011 although this is dependent upon the announcement surrounding the grant. This could potentially look at alternative sources of funding from partner organisations or the redistribution of other funding available to the Local Authority.

5.2 Carers Grant Allocation 2009/2010

Halton Borough Council	£647,000
NHS Halton and St Helens PCT	£134,000

Carers Grant Allocation 2010/2011

Halton Borough Council	£687,000
NHS Halton and St Helens PCT	£268,000

5.3 As part of the National Carers Strategy the Department of Health (DoH) have allocated £150m to PCTs to support carers breaks in 2009/10 and 2010/11. Halton and St Helens PCT have ensured that these funds

will be utilised to support Carers and have ring fenced funds during 2009/10 and 2010/11 (details outlined in Commissioning Strategy). Discussions are currently taking place with the PCT as to how the funds would best be utilised.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

The strategy in relation to the future provision of Carers Services would benefit children and young people under 18 who have caring responsibilities, whose lives are often restricted in some way because they are supporting or taking responsibility for the care of a person who is ill or who has a disability etc.

6.2 Employment, Learning and Skills in Halton

The strategy would ensure opportunities for work, education and learning for Carers are maximised to their full potential.

6.3 A Healthy Halton

The strategy clearly demonstrates the Council's commitment, as a major stakeholder, in recognising the needs of Carers and in promoting their health and wellbeing within the Community.

6.4 A Safer Halton

None identified.

6.5 Halton's Urban Renewal

None identified.

7.0 RISK ANALYSIS

7.1 There continues to be an increase in the national and local agenda around carers particularly in light of the publication of the National Carers Strategy. The draft Strategy and associated action plan aims to address issues for carers in Halton in a structured way thus ensuring that, through working in partnership with Health, Voluntary Agencies and Carers that carer's needs can continue to be met.

7.2 The Care Quality Commission closely monitors the Council's performance on carer's services and to date has judged that Halton delivers a good service. This introduction of this Strategy will seek to maintain this judgment

8.0 EQUALITY AND DIVERSITY ISSUES

- 8.1 An Equality Impact Assessment (EIA) on the Strategy is currently being developed using the new corporate procedure, which is in the process of being drafted. Once the EIA is finalised it will be reviewed by the Health and Community Directorate Equalities Group.

9.0 REASON(S) FOR DECISION

- 9.1 Halton Borough Council and it's partners recognise and value the essential role that carers play in supporting some of the most vulnerable people in our community. We believe that in adopting this Strategy it will demonstrate our commitment to recognising, valuing and working with local carers in delivering effective services, support the National Carers Strategy and the legislation relating to Carers

10.0 ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

- 10.1 The alternative option would be not to have a Commissioning Strategy and as a result this may impact on the continued structured development of services for carers within Halton.

11.0 IMPLEMENTATION DATE

- 11.1 The Strategy is effective from 1st April 2009 and will run until 31st March 2012.

12.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

- 12.1 There are no background documents under the meaning of this Act.



Halton and St Helens

**JOINT COMMISSIONING STRATEGY
FOR
CARERS**

2009 - 2012

Draft 18 08 09

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PREFACE

It is important that Carers have access to services based on recognition of their rights as individuals, choice in their daily lives and real opportunities to have a life of their own outside of the caring role.

The Joint Commissioning Strategy has been developed via ongoing consultations and contributions from stakeholders who provide services to carers as well as carers themselves. We have listened to what carers have told us about the help and support that they need and have responded by addressing the issues throughout the Strategy.

This Strategy is written as a practical document, including an action plan, to support services in Halton move towards a more focussed way of commissioning services over the next three years

We are committed to working jointly and in partnership with the voluntary sector within Halton, providing where possible an integrated response based on services which meet assessed needs and which are designed to improve lives and give new opportunities.

We are proud of what we have achieved for Carers within Halton since the production of the last Carers Strategy, but we also recognise the need for continual improvement and Halton Borough Council and NHS (National Health Service) Halton and St Helens, together with their partners have made a pledge to continually improve services and the quality of life for carers

We recognise and value the essential role that carers play in supporting some of the most vulnerable people in our community and we believe that this Strategy demonstrates our commitment to recognising, valuing and working with local carers.

SECTION ONE: COMMISSIONING IN CONTEXT

INTRODUCTION

This document sets out the overarching strategy for the commissioning, design and delivery of services to people who are carers in Halton. The document stands alongside and complements the Corporate Plan for the Council, the Children and Young People Plan, the Health and Community Directorate's Business Plan 2009-2012 and the NHS Halton and St Helens Primary Care Trust Plan. Halton Borough Council and NHS (National Health Service) Halton, jointly commissions services for Carers.

The Strategy outlines the vision, aims and fundamental values and principles underpinning the design and delivery of services to Carers and identifies the local and national drivers and influences that impact on its delivery. It aims to begin a process that outlines the commissioning intentions about the type, volume, quality and price of services that will be purchased and the activity needed to deliver those services. It also initiates exploration of how current supply can be changed, innovation encouraged and redundant or inefficient services decommissioned.

The Strategy attempts to help better business planning for current and prospective provider organisations. It aims to enhance and assure quality with regard to the provision of services to Carers and to demonstrate value for money.

WHAT IS COMMISSIONING?

Commissioning is about enhancing the quality of life of service users and their carers by:

- Having the vision and commitment to improve services.
- Connecting with the needs and aspirations of users and carers.
- Understanding demand and supply.
- Linking financial planning and service planning.
- Making relationships and working in partnership.

Commissioning should be based on:

- A common set of values that respect and encompass the full diversity of individual differences.
- An understanding of the needs and preferences of present and potential future service users and their carers.
- A comprehensive mapping of existing services.
- A vision of how local needs may be better met.
- A strategic framework for procuring all services within politically determined guidelines.
- A bringing together of all relevant data on finance, activity and outcomes.
- A continuous cycle of planning services, commissioning services, contracting services and revising or reviewing those services.

Definitions

Commissioning, procurement (or purchasing) and contracting are not the same activity despite the terms being used interchangeably.

Commissioning

The Audit commission describes commissioning, as “**the process of specifying, securing and monitoring services to meet individual needs both in the short and long term**”. Commissioning adopts a strategic approach to shaping the market for care to meet future needs.

Integrated Commissioning

Integrated commissioning is the ultimate aim of this Strategy and works at both a strategic and individual level.

Integrated strategic (**macro**) commissioning integrates the components of the commissioning process within 4 main functions:

- Information gathering (needs analysis and mapping of resources).
- Establishing policy and strategy for the investment and dis-investment of services.
- Developing good practice in service delivery.
- Research and evaluation

Care management (**micro**) commissioning involves:

- Identifying needs and priorities for the individual.
- Design of care package.
- Developing support arrangements.
- Monitoring and reviewing.

THE COUNCIL’S VISION

Halton will be a thriving and vibrant Borough where people can learn and develop their skills; enjoy a good quality of life with good health; a high quality, modern urban environment; the opportunity for all to fulfil their potential; greater wealth and equality; sustained by a thriving business community; and a safer, stronger and more attractive neighbourhood.’

The Council has five strategic priorities for the Borough, which will help to build a better future for Halton:

- **A Healthy Halton**
- **Halton Urban Renewal**
- **Employment learning and skills in Halton**
- **Children & Young people in Halton**
- **A Safer Halton**

NHS HALTON AND ST HELENS

The NHS (National Health Service) established itself as a learning organisation which continuously strives to be Best in Class; and by working closely with patients and the public, local clinicians and our partners in our local economy, we aim to deliver an effective, proactive health service as well as providing leadership and support to enable improved health for local people.

NHS Halton and St Helens mission statement encapsulates this approach:

Our contribution to the wellbeing of the people we serve in Halton and St Helens is to enable them to have the best possible health and health care.

NHS (National Health Service) Halton and St Helens currently spend approximately £520m on the commissioning and provision of services for local people. It is important that we make our investments wisely in line with local health needs, and that we target our resources to those whose needs are greatest, and design our services to reflect the different needs of our diverse population.

We have developed a strategic framework for action (our health strategy) – ‘Ambition for Health’, which outlines our comprehensive approach to improving health over the next five years. The ambitions are:

- **Improving health and wellbeing, and tackling inequalities in health**
- **Delivering effective and efficient health & related services that place the needs of patient at their core**

The strategy describes how we will make a difference by:

- **Supporting a healthy start in life**
- **Tackling the major killers through prevention**
- **Modernising services for specific disease groups**
- **Modernising services for vulnerable groups**
- **Improving access to services and facilities**
- **Strengthening disadvantaged communities**

HALTON'S VISION AND VALUES FOR CARERS

(This was developed as a part of the 2006 – 2008 Carers Strategy)

Vision

- Carers will be recognised and valued
- Carers will be supported and enabled to care as long as they wish to do so

- Carers will be enabled to have some regular time for themselves, free of their caring duties
- All agencies will work in partnership with carers to provide the help and services carers need
- All agencies will work together to plan and develop services for, and with, carers
- Information on issues of relevance to carers will be made available to carers, Statutory and voluntary agencies, and the wider community.

Values

The Local Authority, the Primary Care Trust, local health trusts, voluntary and independent sector agencies will continue to develop working in partnership to improve support for carers as part of mainstream community care and children's services. A pro-active approach will be taken to identify, accommodate and support diverse needs of the carer

- The major role played by carers in supporting people in the community who are frail, ill or disabled is recognised and valued
- Carers will be encouraged to identify themselves at the earliest possible stage, and will be empowered to ask for the service they require
- Carers will be involved in decision making about their needs and consulted about their preferences for services
- No carer will be compelled to care or to continue caring if they no longer feel able to do so * (*Please refer to paragraph below*)
- Former carers will be helped to access support to enable them to adjust to their new circumstances
- Service providers will ensure equity in the provision of support to carers, whatever the illness or disability of the person they are caring for
- Carers will continue to be involved in planning and determining the types of services available
- Carers will be invited to take part in the evaluation of services.
- Working together to make sure we are accountable to the community by providing services and support which reflect their lives and needs (Halton Children and Young People's Plan April 2009 – March 2011)
- Working together to build an inclusive borough which values diversity and works hard to promote equality of access and opportunity (Halton Children and Young People's Plan April 2009 – March 2011)
- Working together in an honest and open manner, which appreciates different opinions and welcomes alternative perspectives on a path to finding a way forward (Halton Children and Young People's Plan April 2009 – March 2011)

** In respect of children's services the values and visions may differ slightly as parents have a legal responsibility to their children, which adult carers do not have for the people that they care for. The role of the Children's Team within the Local Authority is to provide support to enable parents to continue to care for their children. The needs of the child are paramount and it is not usually in the child's best interests to live away from their family.*

WHO IS A CARER? / WHAT DO CARERS DO?

Who is a Carer?

A carer is someone who cares, unpaid, for a relative or friend who is unable to manage on his or her own because of illness, disability or frailty. The majority are unpaid **family carers**. Carers can be any age and come from all walks of life and backgrounds. More women are carers than men and they are more likely than male carers to care for someone with very demanding care needs and to care for a wider range of relatives.

A parent carer is a parent or guardian who is likely to provide more support than other parents because their child is ill or disabled. Parent carers will probably support their child for many months or years and this is likely to have a significant affect on the other children in the family. *(For more information please see Halton's Parenting Support Strategy 2007-2010, which addresses some of the more complex issues facing parents with disabled children)*

A young carer is someone under the age of 18 years who looks after another member of the family or close friend who is ill or disabled. They may be taking on the kind of responsibility that an adult would usually have. This may affect their education or social opportunities.

Caring relationships can be complex and family members may provide different types of care for each other in order to live independently in the community.

Within Halton, the following 'Definition of a Carer' is used:

Someone who provides regular and substantive care which goes over and above his or her usual role as a spouse / parent / family member. This may include people that do not necessarily live with the 'Cared For' person, but without the care that they provide it would be difficult for the 'Cared For' person to maintain a sense of independence.

What do carers do?

- Carers give practical, physical and emotional support to vulnerable people. They help the person they care for to deal with problems caused by short term or long-term illness or disability, mental distress or problems resulting from alcohol or substance misuse.
- Where the person being cared for no longer has the mental capacity to make a decision, the carer may be required to make decisions on their behalf.
- Carers may supervise someone to keep him or her safe.
- Caring responsibilities may vary over time and may be difficult to predict from day to day.

Anybody can become a carer, as a result of a sudden event such as an accident or this may be a gradual process when someone's physical or mental health slowly deteriorates.

THE NATIONAL CONTEXT

Many national Government policies and legislation influence local policy and the

development, improvement and commissioning of services for carers. Some of these are outlined below:

- **The Carers (Recognition and Services) Act 1995**
- **The Carers and Disabled Children's Act 2000**
- **The Children's Act (1980)**
- **The Carers Equal Opportunities Act 2004**
- **Living Well with Dementia: A National Dementia Strategy (Feb 2009)**
- **The Mental Health Capacity Act (2005)**
- **The NHS and Community Care Act (1990)**
- **Quality Standards**
- **White Paper: Our Health, Our Care, Our Say**

(Further details of these policies and the legislation, can be found in Appendix 1.)

National Carers Strategy

The Government's new national strategy for Carers published on 10 June 2008 sets out their vision for supporting Carers over the next decade. It includes short-term commitments and identifies longer-term priorities. There is additional investment, primarily for extending planned breaks for carers and to help carers into work.

There is also an increased emphasis on joint agency working, and on the need for the National Health Service to more effectively engage with carers. The national strategy stresses the essential contribution of General Practitioner's in supporting carers and how this needs to be developed.

A survey of carers' health, released for the launch of this year's Carers Week, revealed that more than two-thirds of carers had been unable to find an opportunity to visit a GP about their own health due to time constraints and a general lack of flexibility to leave the house to attend appointments. Over two thirds said they felt that their health is worse because of their caring role, with 95 per cent of the 2,000 carers questioned saying that they regularly disguise the fact that their health is suffering in order to continue their caring responsibilities.

All carers need more support to be able to continue caring and to lead active lives as well. The new strategy is encouraging – there is additional investment; and a clear vision set out, which if delivered, would mean carers are treated with respect, have a degree of financial security, and receive quality advice and support from health, social care and other agencies. Carers would be treated as expert partners and there would be more choice and control over how they receive support.

The following diagram (on page 8) describes the ways in which the needs of the Carers can be effectively assessed

A WHOLE AREA APPROACH TO ASSESSING NEED

- The wheel shows the range of interventions needed to be sure of achieving the five Carers Strategy outcomes in an area.
- Which services deliver which interventions will vary greatly from area to area.
- The middle band shows that all interventions are built on three core approaches.
- It was felt that there should be one wheel for all groups of carers, but many ways of reaching and supporting excluded groups. Challenges for excluded groups must be a key theme in developing this model.



Personalisation

On 17th January 2008, the Department of Health issued a Local Authority Circular entitled “Transforming Social Care”. The Circular sets out information to support the transformation of social care signalled in ... *Independence, Well-being and Choice* and re-enforced in ... *Our Health, our care, our say: a new direction for community services*.

The Government approach to personalisation can be summarised as “**the way in which services are tailored to the needs and preferences of citizens. The overall vision is that the state should empower citizens to shape their own lives and the services they receive**”. This approach is one element of a wider cross-government strategy on independent living, due for publication in 2009.

The Government is clear that everyone who receives social care support in any setting, regardless of their level of need, will have **choice and control** over how this support is delivered. The intention is that people are able to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual requirements for independence, well-being and dignity.

Halton is in the process of developing the Personalisation agenda; through Self Directed Support and Personal Budgets

THE LOCAL CONTEXT

The challenges and opportunities facing Halton has led to the identification of a number of priorities for the Borough (outlined in the Community Strategy 2006-2011) and NHS Halton & St Helens Commissioning Strategic Plan (CSP) over the medium term with the overall aim of making it a better place to live and work. These include:-

- Improving health
- Improving the skills base in the borough
- Improving educational attainment across the borough
- Creating employment opportunities for all
- Tackling worklessness
- Tackling the low wage economy
- Improving environmental assets and how the borough looks
- Creating prosperity and equality of opportunity
- Reducing crime and anti-social behaviour
- Improving amenities for all age groups
- Furthering economic and urban regeneration
- Tackling contaminated land
- Creating opportunities/facilities/amenities for children and young people
- Supporting an ageing population
- Minimising waste/increasing recycling/bringing efficiencies in waste disposal
- Increasing focus on community engagement
- Running services efficiently

The Community Strategy provides an overarching framework through which the corporate, strategic and operational plans of all the partners can contribute. Halton’s Local Area Agreement (LAA) 2008-11 builds on this overarching framework and provides a mechanism by which key elements of the strategy can be delivered over the next three years. It is an agreement between Central Government and the local authority and its partners about the priorities for the local area, expressed in a set of targets taken from an over National

Indicator set of 198 targets. The purpose of the LAA (Local Area Agreement) is to take the joint thinking of the Partnership enshrined in the Community Strategy, and make it happen through joint planning and delivery. Hence the five strategic themes detailed in the Community Strategy are mirrored in the LAA (Local Area Agreement).

The LAA (Local Area Agreement) will also seek to address the following issues:

- The physical, environmental and social problems resulting from Halton's industrial legacy, particularly from the chemical industries.
- Halton shares many of the social and economic problems more associated with its urban neighbours on Merseyside. The latest Index of Multiple of Deprivation (IMD) for 2006 shows that whilst the level of deprivation is improving Halton is still ranked 30th nationally.
- Health problems through a more discriminating approach is how services are delivered. We need to better concentrate on the wider determinants of health. We also need to target specific initiatives both geographically and demographically, especially recognising the needs of an increasingly ageing population.
- Social exclusion through a focus on responding to their full range of needs.
- The level of human capital and trends in economic growth may present problems for the future. This is particularly so given the district's poor performance in terms of social and environmental indicators, which may create difficulties attracting the best qualified people to the borough. Halton's performance on education and skills, and low levels of home ownership point to problems of inclusiveness, with groups of residents not sharing in the current levels of economic prosperity.

Given the above priorities, a key measure of whether service delivery has been transformed will be how far and how fast we can narrow the gap in outcomes for the most disadvantaged in Halton, as measured by comparison with both Halton and national averages.

SECTION TWO : NEEDS ANALYSIS

INTRODUCTION

The Health of Carers is a major influencing factor upon the health and welfare of the people receiving care, upon the carers themselves, and on the cost and shape of public services provided.

The changes in demography indicates that the “cared for” are living longer and that carers within Halton will have to care for much longer periods than in previous years often experiencing health problems as they get older themselves. To alleviate these pressures, the level of support commissioned/provided to carers needs to be enhanced and improved, as well as greater recognition being given to the pressures they face.

Halton has not been good in collecting demographic data around Carers and there are plans to address some of these gaps over the next 3 years, by targeting groups including Black and Minority, Ethnic Communities (BME), Lesbian, Gay, Bi-sexual and Transgender (LGBT) Mental Health and Gender of Carers.

POPULATION AND SOCIO ECONOMIC DATA

Halton is a largely urban area of 119,500 people. Its two biggest settlements are Widnes and Runcorn that face each other across the River Mersey, 10 miles upstream from Liverpool. The population of Halton was in decline for over a decade, but has recently started to increase. Between 1991 and 2002 the estimated Borough population decreased by 6,500 people from 124,800 to 118,300.

At present, Halton has a younger population than the national and regional averages. However, Halton mirrors the national picture of an ageing population, with projections indicating that the population of the Borough will age at a faster rate than the national average. In 1996 12.9% of the total population were aged 65 and over, by 2006 this had increased to nearly 14% and by 2015 this is projected to have increased to 17%, which could have a significant impact on the need for health and social care.

The population is predominantly white (98.8%) with relatively little variation between wards. However, in recent years, it has seen a small influx of Eastern European (Polish & Slovakian) migrants.

DEPRIVATION

Deprivation is a major determinant of health. Lower income levels often lead to poor levels of nutrition, poor housing conditions, and inequitable access to healthcare and other services.

Deprivation, measured using the English Index of Multiple Deprivation (IMD) 2007, ranks Halton as the 30th most deprived authority in England (a ranking of 1 indicates that an area is the most deprived). This is 3rd highest in Merseyside, behind Knowsley and Liverpool, and 10th highest in the North West : St Helens (47th), Wirral (60th) and Sefton (83rd) are way down the table compared to Halton.

The 2007 IMD shows that deprivation in Halton is widespread with 57,958 people (48% of the population) in Halton living in ‘Super Output Areas’ (SOA’s) that are ranked within the most deprived 20% of areas in England.

In terms of Health and Disability, the IMD identifies 53 SOA's (Super Output Areas) that fall within the top 20% most health deprived nationally and that approximately 40,000 people (33% of the population) live in the top 4% most health deprived areas in England. At ward level, Windmill Hill is the most deprived area in terms of health. However, health deprivation is highest in an SOA (Super Output Areas) within Castlefields, ranked 32nd most deprived nationally.

Within Halton, the 21 wards were ranked as follows across each domain overall, with Windmill Hill the most deprived ward, and Birchfield the least deprived.

Wards Ranked within the IMD (Index of Multiple Deprivation)2007

Rank within Halton	IMD 2007
1	Windmill Hill
2	Halton Lea
3	Castlefields
4	Riverside
5	Norton South
6	Kingsway
7	Appleton
8	Halton Brook
9	Grange
10	Mersey
11	Ditton
12	Hough Green
13	Broadheath
14	Halton View
15	Norton North
16	Hale
17	Heath
18	Farnworth
19	Beechwood
20	Daresbury
21	Birchfield

(Source: Index of Multiple Deprivation 2007)

HEALTH

Health is also key determinant of a good quality of life and the first priority of Halton's Community Strategy states that 'statistics show that health standards in Halton are amongst the worst in the country and single it out as the aspect of life in the Borough in most urgent need of improvement'.

Halton remains relatively unhealthy, ranked 383rd out of 408 districts in the country, compared to 384th three years ago.

Average life expectancy in Halton was 76.1 years in 2003-05, compared to 77.7 years regionally and 78.7 years nationally. The figure for Halton has improved by 0.1 years since

2000-02, but the gap between it and the region and it and Great Britain has widened to 1.6 years and 2.6 years respectively. Life expectancy was relatively low among all comparator areas as it's linked to deprivation and low incomes. Only in Chester and Vale Royal do residents live longer than the national average. In all the other health indicators used in the production of the 'State of the Borough' audit, Halton performs below average. For example, Halton's mortality ratio in 2005 was 125 (Great Britain - 100), and its health index was 97.01 compared to Great Britain being 100, meaning its rank is little changed since 2004.

Health Deprivation Rank in Halton

Health Deprivation Rank within Halton	IMD 2007
1	Windmill Hill
2	Castlefields
3	Halton Lea
4	Riverside
5	Norton South
6	Halton Brook
7	<i>Kingsway</i>
8	Grange
9	<i>Appleton</i>
10	Ditton
11	<i>Mersey</i>
12	Hough Green
13	Broadheath
14	Halton View
15	Norton North
16	Heath
17	Farnworth
18	<i>Hale</i>
19	Beechwood
20	Daresbury
21	Birchfield

(Source: Index of Multiple Deprivation 2007)

CARERS - HEALTH

The Health of Carers is a major influencing factor upon the health and welfare of the people receiving care, upon the carers themselves and on the cost and shape of public services provided.

Data from this census shows that 13,500 of people in Halton provide formal or informal care, over 11% of the Halton population. National data (2001 Census) suggests that 11% of informal carers consider themselves to be in poor health, whilst in Halton the proportion appears to be higher, with 14% of all carers having felt that they were in poor health. Currently 10.85% of carers are receiving needs assessment or review and a specific carers' service, or advice and information. This clearly needs to be improved if threats to health and well-being are to be averted.

Number of Informal Carers within Halton

	All People	Good Health	Fairly Good Health	Good Health	Not Good Health
1 to 19 hours – Provides care	7944	4858	2332		754
20 to 49 hours – Provides care	1891	937	645		309
50 or more hours – Provides care	3696	1429	1390		877
Total	13531	7224	4367		1940

Provision of Unpaid Care

(This table pertains to Carers and is not generic)

Wards	Number of Unpaid Carers	Proportion of Total Population	Halton Rank	Greater Merseyside Rank
Appleton	678	10.61	16	111
Beechwood	524	13.15	4	15
Birchfield	553	12.43	7	33
Broadheath	726	11.26	14	85
Castlefields	771	11.99	8	47
Daresbury	340	8.70	21	135
Ditton	799	12.79	6	23
Farnworth	760	12.86	5	20
Grange	796	11.60	9	67
Hale	264	13.91	2	4
Halton Brook	744	11.28	13	84
Halton Lea	739	11.52	10	71
Halton View	793	11.52	11	72
Heath	748	13.58	3	6
Hough Green	764	10.81	15	106
Kingsway	688	11.29	12	83
Mersey	645	10.49	17	117
Norton North	680	10.47	18	118
Norton South	721	9.98	19	125
Riverside	455	9.45	20	131
Windmill Hill	340	13.96	1	3
Total 13,531	13,531	11.44	21 wards	138 wards

(Source data; 2001 Census - Please note that the total number of 13,531 may not add up due to the rounding up process during the 2001 census)

Greater Merseyside Average	11.53
North West Average	10.77
England Average	10.03

The percentage of people in Halton who provide unpaid care to others, usually a close relative, is 11.4%. This means that 13,528 people are providing care for someone. This figure ranks 5th highest in Greater Merseyside and 8th highest in the

North West. The Wards with the highest numbers of unpaid carers are Windmill Hill, Hale, Heath and Beechwood where the figures are above 13%.

National Top 4 illnesses reported by Carers

Mental Health of Carers	Physical Health of Carers
1 Anxiety	1 Stress
2 Depression	2 High Blood Pressure
3 Loss of Confidence	3 Heart Problems
4 Loss of Self Esteem	4 Strains

Number of People currently diagnosed with Dementia in Halton and the estimated costs to the local economy by 2025.

Borough	2008	Cost to economy	2025	Cost to economy
Halton	1061	£25,766,385.00	1613	£39,171,705.00

ECONOMY, INCOME AND EMPLOYMENT

Halton still has a relatively small economy, by national standards, but it has improved over the past 3 years as its ranking has climbed 8 places from 175th to 167th out of 408 British districts for economic scale. Other neighboring economies notably Chester, Vale Royal and Ellesmere Port have all slipped relatively in the same period. Out of 9 Merseyside and North Cheshire Authorities, seven have slipped and only Sefton (by 1 place) and Halton (8 places) improved. Not surprisingly, the economy of the sub-region is still dominated by Liverpool.

In terms of changes in employment, Halton performs well below the national average and is ranked 340th of all districts nationally, out of 408 districts. This is primarily because of Halton's dependence on the manufacturing sector and this sector has been affected most in falling numbers. Despite this, Halton's ranking is 40 places higher than it was 3 years ago. All the other Merseyside and North Cheshire comparators have seen their position decline over the same period.

Total employment in Halton decreased by 0.2 per cent during 1998 - 2005, well below the national increase of 9.1 per cent, and the North West regional increase of 7.1 per cent. Halton had the second lowest rate of change of all comparator areas with the exception of the Wirral. Knowsley, Chester and Middlesborough showed the most growth at 31.5 per cent, 11 per cent and 27.9 per cent increases in total employment between 1998 – 2005.

Halton still performs poorly with respect to the labour market, but its ranking out of 408 districts in the country has risen slightly from 364th to 357th by 2006 and the gap between it and the national average has narrowed.

The Borough performed better in terms of change in gross weekly earnings, with a 6.9 per cent increase in wages between 2005 - 2006. This was 4th highest in the comparator towns and better than the sub regional, regional and national increases.

Halton performs poorly in terms of skills and qualifications levels, ranked 370th out of 408 districts in the country, i.e. 38th worse in Great Britain. This is down from 342nd in 2004, illustrating that other LAs are outperforming Halton and overtaking it.

In summary the Borough's economy is relatively small (particularly compared to nearby, larger settlements such as Liverpool), but productivity is above average. Trends in economic change are a cause for concern however, when increases in general employment are undermined by declines in the manufacturing totals, which leave Halton with one of the worst positions in the country. In order to improve levels of growth, further improvements will be needed in the skills and qualifications base of the workforce.

The proportion of the resident population with at least a first degree – more important in a modern knowledge economy than ever before – is well below the national average. The number of people with no qualifications is falling, but not as much or as fast as elsewhere.

KEY MESSAGES FOR HEALTH AND SOCIAL CARE

- Windmill Hill (1st highest), Castlefields (8th highest) and Halton Lea (10th highest) are the three most deprived wards in Halton in terms of Health, it is realistic to assume that these three areas also house the highest number of Carers and that within that number, those Carers probably are sick or suffer with ill health. Birchfield, Daresbury and Beechwood are the three least deprived.
- Halton currently has a younger population than seen overall nationally but there is expected to be a sharp increase in Halton's older population in the next 15 years; which will have significant cost implications for Health and Social Care if preventative measures are not taken.
- Low-level investment will need to be considered, in order to address the growing number of people within Halton, that have been diagnosed with Dementia and the projected growth of numbers by 2025, which will ultimately present a financial burden on local services.
- The role of informal carers will become increasingly important and will need to be addressed through both this strategy and the local dementia strategy.
- Overall, the IMD (Index Multiple Deprivation) 2007 shows that there has been a slight improvement in Health Deprivation in Halton since 2004, but the gap has widened between the most and least deprived.
- 33% of Halton's population live in the top 4% most health deprived areas of the country.
- There is a strong correlation between Health deprivation and the following indicators when looking at Halton on a ward-by-ward basis:
 - Proportion of the population with a limiting long-term illness
 - Proportion of households claiming incapacity benefits
 - Housing tenure
 - Proportion of the population without access to cars or vans
 - Household income.

SECTION THREE: CONSULTATION

INTRODUCTION

In order to develop services that meet the needs of those who use those services, we need to consult with carers and other stakeholders to identify whether those needs are being met. This consultation process then informs the future commissioning of services. On-going consultation takes place with carers in Halton and specific consultation exercises/processes have been conducted/take place, as detailed below;

CARER CONSULTATION EVENTS

Halton continually makes itself aware of the priorities and key messages that have emerged from the Carer Consultation events over the last 2 years, some of these include:

- Developing systems for primary care services to strengthen a stronger link in the referral of carers at the point of a deterioration or diagnosis of the cared for persons condition.
- Increasing referrals between statutory services, social care services and non-statutory/voluntary services in order to provide options and choice in carer support.
- Providing Information – need for increased access and types of information
- Identifying hidden carers.
- Continuing to support carers for a transitional period once “caring comes to an end” by supporting carers through bereavement counselling, support groups, training and support into paid work or voluntary work and encouraging carers to “build a life of their own” after they cease to be carers.
- Including carers “voice” and influences in service development; through participation in Local Implementation Team (LIT) Sub groups for carers, Carers Forums and Carers Reference groups.
- Continuing to provide breaks and respite for carers in order for them to sustain their caring responsibilities and have a life of their own.
- The consultation events have also highlighted the disadvantage suffered by older carers who have had benefits stopped once they reach pensionable age – yet still continue to provide care.

CARERS’ STRATEGY GROUP

The purpose of the Carers Strategy Group is to be responsible for the promotion of general carer issues across all sectors in Halton. The aim is to bring together the views of carers and statutory and voluntary agencies and to provide a focus for the development of health and well being for carers and those they care for.

Membership represents those organisations involved in the purpose of the group. Each representative brings their individual and organisational interests and experiences to the group. They contribute as fully as possible to the overall purpose and work of the group.

The Carers Strategy Group improves lines of communication and collaborative working between health, professionals and Carers in order to ensure that there are effective and appropriate services to Carers. The LIT Sub Groups for Carers feeds

into and from the Carers Strategy Group and have representatives from each team, including Mental Health, Adult Learning Disabilities, Physical and Sensory Disabilities, Drug and Alcohol Mis-use, Older People and Young Carers.

LOCAL IMPLEMENTATION TEAM (LIT) SUB GROUP (CARERS)

The purpose of the LIT Sub Groups (for Carers) is to oversee the performance and development of Adult Learning Disabilities Services, Physical and Sensory Disabilities Services, Mental Health Services, Drug and Alcohol Services and Older Peoples Services. In previous years the LIT Sub groups have been allocated carers grant funding and the members of the LIT Sub groups have allocated it out to teams/organisations for the provision of services.

It is the intention of Halton Borough Council to continue to devolve responsibilities as close to Carers as possible when shaping and developing services for Carers and the authority will be pro-active in encouraging and supporting carers to engage in the LIT Sub groups for Carers and the consultation events held across the borough.

The groups are responsible for providing feedback and making recommendations to the Carers Strategy Group. It is the intention of the LIT Sub groups to improve communication and collaborative working between health, professionals and Carers in order to ensure that there are effective and appropriate services to Carers. The LIT Sub Groups for Carers feeds into and from the Carers Strategy group and improves the lines of communication. The Carer representatives from each team, sit on the Carers Strategy Group.

There are current developments to establish a LIT Sub group for Young Carers. This will include representatives from service user groups, service providers and other stakeholders. Young adult carers will be given training and be allocated a mentor, so they are best able to participate in and contribute to, the LIT Sub groups and to enable them to share their views and opinions on current services and identify gaps in services. In order to include as many Young Carers as possible the LIT Sub group will operate at a time most convenient for young carers to attend. This group will take collective responsibility for allocating funds for young carers' breaks, with young carers' playing an active role in this process. This development will ensure Young Carers' issues feed directly in to the Carers' strategy group as a whole rather than being marginalised.

EQUAL OPPORTUNITIES SUB GROUP (CARERS)

The purpose of the Equal Opportunities Sub group is to be responsible for the promotion of "equality" of opportunity for "Carers" across Halton. The aim is to implement the Carers Equal Opportunities Act 2004 into local services by monitoring and raising awareness of agencies, individuals and partnerships. It is intended that this will impact on improved health and wellbeing for carers and those people that they care for. The group will be responsible for developing and reviewing the action plan and provide quarterly progress reports to the Carers Strategy Group.

CARERS REFERENCE GROUP

The role of the Carers Reference Group is to represent the "Voice of Carers" within Halton in discussions and in key partnerships with the local authority and other

service providers, relating to Carers issues, identifying gaps in services for Carers and to shape new or existing services for Carers. The Carers Reference group is overseen by a core membership. The Carers Reference Group is co-ordinated and “Chaired” by the Halton Carers Centre.

HALTON CARERS FORUM

The forum acts as the single voice of carers in Halton to influence and shape new and existing services, be involved in planning and monitoring of services; including action plans and policy development and to act as a consultation body for carers – ensuring that they are recognised as an equal partner by all members of local statutory and regional authorities including the Primary Care Trust. The Carers Forum holds regular events with guest speakers.

HALTON MENTAL HEALTH FORUM

The Mental Health forum acts as a conduit for the Voice of Carers (who look after people with mental health issues) and works in partnership with the Carers Reference group. They are represented on a number of strategic group meetings within the Borough, including the LIT and Sub LIT for Carers (Local Implementation Teams) regarding mental health.

CARERS SUPPORT GROUPS

The Halton Carers Centre organises two Carer Support Groups in Runcorn and Widnes who meet on a monthly basis. The aim of the groups is to provide a relaxing atmosphere where carers in Halton can talk about any issues or problems in their caring role, or just have a general chat over a coffee and a biscuit. The Carer Support Workers are on hand to provide information, support and advice. The Mental Health team co-ordinates 3 Mental Health Support Groups across Widnes and Runcorn.

HALTON CARERS CENTRE

Halton Carers Centre is the first point of contact for unpaid carers of any age, caring for people with any condition in Halton. It provides information and advice via a drop-in service at the Carers Centre and/or telephone enquiries Monday – Friday. The Carers Centre is responsible for providing a wide range of services for carers including free training, bi-monthly newsletters, a wide range of leaflets, free day trips, holistic treatments, 2 Carers Support Groups, and self-referral to counselling services. The Centre also provides awareness presentations to professionals and other organisations in Halton in order to raise the profile of carers across the Borough.

LOCAL INVOLVEMENT NETWORK (LINK)

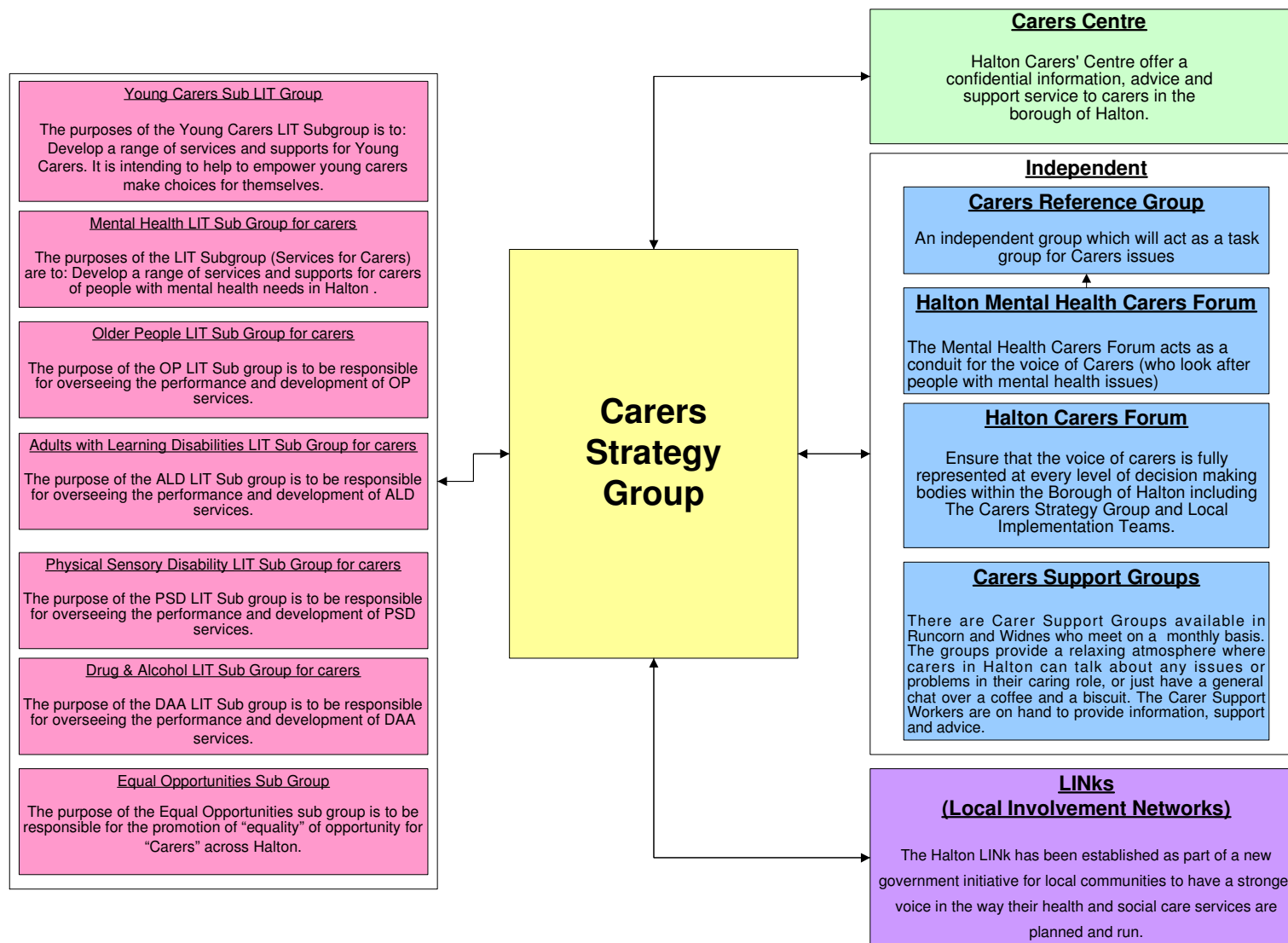
Halton LINK is a Government Initiative to enable communities to have a stronger voice in the way that Health and Social Care services are planned and run.

Run by local people and groups, the role of the Halton LINK is to promote involvement, to find out what people like and dislike about local services, monitor the care provider services and use LINK powers to hold services to account.

Halton LINK can;

- Ask by local people what they think about their health and social care services and a chance to suggest ideas to help improve services.
- Investigate specific issues of concern to communities
- Use its powers to hold providers and commissioners to account and get results
- Ask for information and get an answer within a specified amount of time
- Carry out checks to see if services are working well
- Make reports and recommendations and receive a response
- Refer issues to higher authorities, when service providers seem reluctant to accept findings and take appropriate action.

People in Halton can participate in the LINK as much or as little as they wish, from receiving information regularly to being involved in working groups, or being a Board member.



SECTION FOUR : CURRENT PROVISION OF SERVICES AND COMMISSIONING INTENTIONS

INTRODUCTION

The following sections describes the types of services that Halton provides under the following headings as listed in the National Carers Strategy (Integrated and Personalised Services, A Life of Their Own, Income and Employment, Health and Wellbeing and Young Carers)

As Halton moves towards the personalisation approach, it recognises that the way in which it has supported people before will have to evolve.

In order for carers to have more choice; stakeholders and carers will work to develop services and policies to help individuals best manage their own support packages. It has been acknowledged that colleagues across health and social care will also have to evolve in those new roles either directly within their own services or by referrals into other services. Halton has sometimes lacked choice of service options, in particular services that are able to provide respite breaks. This year we have managed to provide more carers breaks than previous years but are pro active in searching for more choice.

The Strategy is focussed primarily on adult carers but also accepts that the profile of younger family members needs to continue to be raised and recognised and that suitable service provision is put into place.

Work is also taking place between Adult and Children Services to ensure that the transitional process for children with disabilities entering adulthood is as smooth as possible.

INTEGRATED AND PERSONALISED SERVICES

The Government predicts that there will be 1.6 million more adults across England with a care need by 2020, that is a rise of 30%. Following the consultations that the Government carried out in 2007; they found that carers wanted to be acknowledged for their knowledge and skills and they wanted to be respected as expert carers. It is estimated that by 2041 there will be an increase of carers by 50%.

The Government has said that they need to prioritise the service provision to carers, which will enable them to continue in their caring role.

There is a need for services to work together more closely to provide a more tailored package of support to the carer. Carers stated that they wanted to have easier access into services and to have choice about whether they worked in addition to their caring role.

Existing Provision

Telecare; is a set of electronic sensors that is installed the cared for persons home that helps to make living at home safer. It is part of the community alarm service and does not use cameras. It is tailored to an individuals needs and its applications can vary from detecting excess smoke in the kitchen to floods in the bathroom. It can also tell if an area is too hot (cooker left on), or if the house is too cold (no heating on).

Just as important, Telecare can help us to know if you fall over or cannot get out of bed due to illness, and automatically contact a control centre for help.

Telecare can offer support for service users and carers as it can offer an alternative support for people to help them remain independent in their own home. This can often be an important addition for carers as it can give piece of mind for them that relatives with difficult conditions have support.

Carers Assessments; There are currently 6 specific Assessors who provide assessments for Carers. The Assessors work within the Physical and Sensory Disability team, Mental Health team, Adult Learning Disability team, Parents of Children with Disabilities and the Older Peoples team (Runcorn and Widnes). The aim of the Local Authority was to increase the numbers of Carers receiving a service as a result of undergoing an assessment. In 2007 the Local Authority recruited Carer Assessors to identify and engage previously hidden carers, to raise the profile of carers and to respond more quickly to requests from Carers, for an assessment. This has led to an increase carers receiving an assessment of their needs and accessing a service as a result of that assessment.

Direct Payments; are available from the local authority and offers support for carers. The Direct Payments team provides information and guidance on all aspects of receiving and managing Direct Payments including advice on how Direct Payments can increase independence, help with recruiting, selecting and employing staff (personal assistants), guidance and support on becoming an employer and employment law, access to training for personal assistants (to make sure they have the right skills), access to a payroll service to take away the worry of tax and national insurance calculations, information on insurance and health and safety issues and training on record keeping and managing your Direct Payment. Over the past couple of years the number of Carers who have accessed Direct Payments has increased from **440** carers during 2007/8 to **567** during 2008/09 and have used their payments for; domiciliary care, laundry costs, gardening help, caravan holidays, gym membership, theatre tickets, fuel costs and college courses.

Self-Directed Support; Halton is currently developing the required infrastructure to enable the personalised approach to be adopted and work effectively within the Borough. Halton's Vision Statement for Self Directed Support more commonly known as Personalisation is outlined below:

We believe all citizens of Halton, including people who require adult care services, should have the best possible quality of life. We want all people who use our service to have maximum choice, control and power over the support services they receive and we will strive to achieve this in partnership with people who use services, their families, care and local communities.

Our vision will be underpinned by a set of guiding principles set out below:

- We will enable people who use services to have the maximum choice over their lives - including the services they require - to achieve the best possible quality of life.
- People should be able to access the right services at the right time to meet their needs.
- People who use services and their carers will be treated with respect and dignity at all times, and assisted to make decisions themselves and to live their lives free from discrimination and harm.

- We will work in partnership with people who use services; their carers, families and representative groups to ensure we adhere to these principles and to enable them to shape the action we take to deliver person centred care services.
- We will work in partnership with other agencies – particularly those in health care and the voluntary sector – to deliver our vision.
- We will maximise the use of our resources in enabling people to have choice recognising that there will always be limits in the total sum of resources available.

Summary of Identified Needs

As part of the national strategy, the Government have outlined a number of priorities that they will work towards to support the development of Integrated and Personalised Services such as the personalisation agenda and this priority has also been identified by Carers within Halton, by identifying the need to have more control, flexibility and easy access to services that they need.

As such Halton has already commenced a number of projects that will support the reforming of services and processes to ensure a more flexible and personalised approach to services.

Commissioning Intentions

Carers Assessments; During 2008/9, there was an increase in the number of assessments undertaken that led to the Carers receiving a service. The work of the Carers Assessors will continue and it is anticipated that the levels of assessments undertaken during 2008/9 will continue from April 2009 onwards.

Direct Payments; Halton's intention is to continue to encourage Carers to utilise Direct Payments, which will enable carers to have increased choice about how they access the support and breaks they require.

Self Directed Support; Build upon the foundations of Direct Payments to ensure that carers are involved in the development of the infrastructure to support the personalisation agenda. As part of this project, work will be progressed during 2009/10 on the development of a self-assessment process for Carers and the people they care for.

NOTE : It is important to note that a challenge for Halton (as part of the personalisation agenda) will be supporting carers that provide regular and substantial care and who meet the "substantial or critical" within the Fair Access to Care criteria (FACS), yet avoid carers breaking down. Already it has been acknowledged that it is only by taking a preventative approach and taking early intervention measures that avoids the carer's situation deteriorating to a point of crisis. (See appendices for Adult and Children's Services FACS guidelines)

A LIFE OF THEIR OWN

Introduction

Many carers express feelings of isolation and frustration about the circumstances in which they have found themselves. Some family members become carers due to a deteriorating health condition and as the responsibilities gradually increase, they are often unprepared for the changes and learn as they go along to administer medication or carry out personal care, or understand complex medical terminology. Some carers admit they find it difficult to see themselves as carers and feel that the roles and duties that they carry out are all part of being a mother/brother/wife/husband etc. A common theme amongst carers is the level of sacrifice and compromise within their own lives. In some circumstances this can lead to frustration and resentment, or even depression and/or hopelessness.

A way of ensuring that Carers within Halton have a life of their own is to ensure that specific services are available to give carers respite breaks, provide training, and offer employment opportunities.

Within Halton we have undertaken to define who is a carer and what access to breaks they can receive (See Appendix 3)

Existing Provision

- **Carers Centre;** First point of contact for Carers, providing information and advice via a drop in service and a telephone helpline Monday to Friday. The Carers Centre is responsible for providing the following services to Carers of any age, caring for people with any condition; A bi-monthly newsletter, breaks for carers including day trips, training and social events; offering holistic therapies and also first stage advocacy for Carers. The centre also provides awareness training to professionals within health and social care, and has a lead role in the Carers forum/Carers reference group.
- **Halton Leisure Cards;** are available free to carers that register at Halton Carers Centre and provide the carer with reduced admission charges to a wide range of services from swimming to museums and from reduced prices for theatre tickets to savings on DVD hire
- **Parkinson's Society;** provides a monthly social club with regular guest speakers offering support and information for service users and their carers, also one off day trips or events throughout the year.
- **Widnes and Runcorn Cancer Support Group;** includes carers in all its services, i.e. Advice, Information, Sign-Posting, Listening, Counselling, Complementary Therapies, Beauty Therapies, Art Workshops, Self-Help Groups, Respite Caravan Breaks, plus one off social events.
- **Lets Go Club;** offers a monthly social event and holidays for people who have suffered a stroke. They provide transport for people who without which would be unable to access the social events.
- **Halton Haven;** provides pamper days for carers who care for people with cancer or other life threatening illnesses.
- **Halton Happy Hearts;** provides tai chi classes, day trips and social events for people with heart conditions and their carers.
- **Runcorn and Frodsham District Mencap;** provides weekly social events for people with learning disabilities, enabling carers to access respite.
- **Liverpool Personal Service Society (PSS);** offers a sitting service to people with dementia/alzheimers, enabling the carer to have a respite break.

- **Oakmeadow**; provides a day-care service for people with dementia.
- **Hope Inclusion Time Success (HITS)**; provides Young Carers assessments on behalf of the local authority. They provide information, support, social activities and groups for young carers up to the age of 16 years. A Young Adult Carers' service for Carers' aged 16-21 is also provided in partnership with the Carers' Centre.
- **Emergency Respite Service**; provides emergency respite for carers, where it is deemed that there may be a potential situation that would arise if the carer was incapacitated. This is accessed through the emergency card system and is available 24/7.
- **Halton People into Jobs**; Outreach service providing information, advice and guidance relating to employment, learning or enterprise. Pre-Employment support with all aspects of job search e.g. CV's, application forms, interview preparation, sign posting to training. Waged options, work experience etc. Financial assistance from carers' grant for carers moving into employment.

Summary of Identified Needs

Carers said that they are often restricted from freedom of choice in as much as they are unable to go on holiday when and where they want and that their days are often taken up by caring duties so are unable to do things spontaneously but have to "plan" even simple things like shopping or doctors appointments.

From the analysis of information obtained from the Consultation Event held in February 2009 there was a consensus amongst carers that they experienced '*rushing or clock watching*' and that they found it hard, if not impossible to relax due to their caring responsibilities.

Some carers felt frustrated that they were unable to pursue a satisfactory career and as result would feel that their finances suffered, there seemed little alternative to address the financial situation.

Commonly carers said that their social lives often suffered due to their role and that this varied from having no-one take care of the "cared for person" to there being a lack of places to go with the "cared for person" if they wanted to share an activity, to exhaustion from their responsibilities. Carers said that they lacked confidence which then impacted on them mixing with other people and compounded their isolation.

Carers have disclosed that transport has continued to be an issue for those people who have had to visit the cared for person over a long period of time, this is particularly pertinent for carers of people with mental health issues and people with dementia.

Commissioning Intentions

Continue to offer carers breaks through the funding of voluntary groups including;

- Halton Happy Hearts
- Alzheimer's Society
- Parkinson's Society
- Lets Go Club
- Runcorn and Frodsham District Mencap
- Halton Haven
- Halton Carers Centre

- HITS
- The Halton Leisure Cards

To fund additional voluntary groups in response to Carers feedback from the Carers Consultation held in February 2009, which includes;

- **Connect**; offers a weekly social club for people with learning/physical sensory difficulties allowing respite for the Carer or the opportunity for the Carer to be a part of the events. Connect's members choose the activities including; pool, table tennis, boccia, kurling, craft, bingo, disco, quiz, craft, music/singing workshops and daytrips – it's their decision. Connect also runs a football club for people with learning/physical disabilities.
- **Breathe Easy Halton**; offers support and information to those with lung complaints. Each month there is a meeting with a guest speaker. All are welcome. Social events and outings are held for the Cared and Carers.
- **HAFS**; provides monthly meetings including relaxation and massage therapy for carers, supervised trampolining and swimming sessions also general leisure and recreational activities. It offers carers breaks, including full advocacy service, helpline and reference library plus regular trips, outings and holidays.
- **A.C.E (Active Community Enterprise) Disco**; Set in St Basil' social club Hough Green on Thursday nights. Offers a disco & social evening throughout the year for people with learning disabilities.
- **Deafness Support**; provides support and respite breaks to young carers of deaf adults or siblings of deaf children.
- **Canal Boat Project**; offers a number of carers breaks and events which includes a 5 x day residential activity week in Barnsdon Dale, a canal boat residential and theatre visits for young carers.
- **Arch Initiatives**; provides one to one and group activities to young carers of with people alcohol or substance misuse.
- **Caring with Confidence**; is aimed towards improving support for carers aged 18 years and over by offering a course of sessions to develop carers knowledge and skills. Sessions are provided through the Halton Carers Centre.
- **Liverpool Personal Service Society (PSS)**; provides a sitting service for the cared for person, the PSS staff can either take the cared for person out for a break or can stay in the person's home; this enables the carer to have a period of respite. It has been agreed due to increased costs for the service, to put the contract out to tender; PSS have had a 3 month extended contract until a new service is contracted.

INCOME AND EMPLOYMENT

The Government's national strategy suggests a number of activities that may help to make combining paid work with care a real choice for as many carers as possible.

There are certain commitments to improve the support offered to carers by Jobcentre Plus as follows:

- Introducing a Care Partnership Manager in every Jobcentre Plus District.
- Introducing specialist training for Jobcentre Plus advisers who work with carers. This will better equip advisers to recognise and deal with the

needs of carers and enable them to assist carers with returning to/staying in work.

- Funding of replacement care for those who are participating in approved training. This will enable carers who are not in full time work to take full advantage of training opportunities/employment related programmes operated by Jobcentre Plus.
- Ensuring that eligible carers have access to appropriate employment programmes/provision.

Existing Provision

- **Halton People into Jobs**; are currently funded to provide training and support for Carers wishing to move into work or return to work
- **Community Bridge Building Service**; Workers can address and work with both carer and the cared for person. For example a carer could be referred for issues such as social isolation, which they may experience. The Bridge Builder team also provides services for the cared for person, which would then give the carer respite. When both the carer and cared for are referred to the service they would be allocated different 1-1 workers. The team can offer support into voluntary work, education and employment.
- **Employed Workers**; Within in Halton Borough Council Carers benefit from a number of policies/procedures that support flexible working.
- **Benefits Maximisation**; The Financial Services Team support each service user that in checking that they appear to be getting all the benefits that they are entitled to. If they consider that the service user may be entitled to more, then they refer the person onto the Welfare Benefits Team who are able to do a detailed benefits check and assist the service user to claim additional benefits where possible.

Summary of Identified Needs

At the carers consultation event some carers expressed a wish to pursue a career if they didn't have caring responsibilities/or to have the ability to combine the two, However Carers have fears with regards to being penalised on a financial level if they return to work.

The Carers consultation event highlighted inequality around people of pensionable age having carer's allowance/benefits stopped yet they continue to carry out the role of a carer – this may be an issue that Halton may decide to campaign on.

NOTE – The 'Make Work, Work' campaign addresses some of the issues that carers are faced with. 80% of carers are of working age and 3 million already combine work and care. 1 in 3 carers have said that they would return to work if the right support were available. If carers are forced to give up their jobs because of their caring responsibilities they can end up isolated and living in poverty.

Commissioning Intentions

To continue to fund and develop existing services;

- Halton People into Jobs
- Community Bridge Building Service
- Halton may support the Halton Carers Reference Group to consider the issue of inequality around areas of a pension-able age.

- To develop stronger working partnerships with Job Centre Plus, in order to provide better working opportunities for carers
 - Link into the 12 week training programme at Riverside College already planned to be delivered Autumn 2009
 - Carers to work with Jobcentre Plus to produce a leaflet explaining what the national strategy means locally
 - Establish a network of Carer Champions who have successfully combined work with caring responsibilities
 - Jobcentre Plus Care Partnership Manager to engage in discussions with Carer representative groups
 - Awareness raising for Jobcentre Plus advisers to take place to supplement formal training programmes to enable them to better understand the local issues
- Commission Halton Voluntary Action to co-ordinate the Volunteer Strategy for Halton Borough Council, which amongst other objectives will aim to provide additional volunteering opportunities for carers to gain work experience.
- Benefits Maximisation etc - Develop and distribute publicity leaflets to raise carer profile and inform carers about available services and benefits, within Halton. To link the development and distribution of leaflets to the Carers Promotional Strategy.

HEALTH AND WELLBEING

Introduction

There is clear evidence that carer's health often suffers or is neglected due to their caring responsibilities. During the consultation event carers reported that they often suffered with feelings of stress, anxiety and depression. There are also common ailments reported amongst carers such as; back injuries/strain due to lifting and moving the cared for person in their day to day lives.

During 2008 Healthy Halton Policy Performance Board carried out a scrutiny review around the Health of Carers with regards to them accessing Primary Care services. During this review carers reported a number of barriers when trying to access GP services, which potentially reduced the likelihood of them seeking health care when they most needed it, these barriers included;

- Difficulties in accessing flexible appointments at GP surgeries
- A lack of respect and/or understanding from some GP surgeries; carers felt that they could contribute to the cared for persons care and had a deeper understanding about the needs of the person that they cared for although "professionals" would sometimes dismiss or exclude them from the discussions and assessments
- In some circumstance carers said that when things went wrong they would be left to pick up the pieces.

At the Halton Carers Consultation in February 2009, carers reported that GP's rarely made referrals for them to access available carers services within Halton; they felt that they were in a prime position to inform carers about their rights and to signpost them, as soon as a "cared for persons" condition was either diagnosed or identified to have deteriorated.

Existing Provision

Enhanced GP services; Halton and St Helens Primary Care Trust introduced a new scheme for GP practices in December 2007 this included practices receiving payment to "identify carers, provide information and services to carers, having a named carer lead and to develop more flexible services, enabling carers to access healthcare for themselves".

In summary the aims of the scheme is to encourage GP practices to: -

- identify carers
- identify carers' health and support needs
- take account of carers' responsibilities when they access services in the practice
- identify, with carers, if they require a Social Services assessment, and making the referral
- refer carers to other services as appropriate
- provide appropriate information to help carers make informed choices about their own health and wellbeing, as well as that of the person they care for.
- to provide practices with some resource to enable the above.

Emergency Respite for Carers; An Emergency Respite for Carers service was set up in August 2008. This is accessed via an assessment with the local authority and it has been highlighted that there is a need to put a contingency plan into place in the event of an emergency and the carer is unable to be with the cared for person.

Carers have said that they often worried or felt anxious in case they got ill or had to attend a funeral at short notice and they were unable to arrange care for the cared for person. Some carers said that they had refused to go into hospital for care, as they had no-one to look after the cared for person; again, this demonstrates the responsibility and pressure that carers often feel which impacts on their own health.

Pamper and Holistic sessions; Halton Carers Centre have commissioned Riverside College to deliver a pamper and holistic sessions

Trips/breaks; As outlined earlier in this Section breaks/trips are organised via a number of organisations.

Commissioning Intentions

- Update the information available to carers in formats that are fully accessible to a range of carers across Halton including; Adults, young carers, people from black, minority ethnic communities (BME), gay and lesbian carers (LGBT). The information will be available in printed leaflets, newsletters, local publication (The World, Inside Halton) and on the Halton Borough Council website.
- Continue to offer emotional support through the funding of voluntary groups including Halton Happy Hearts, Alzheimer's Society, Parkinson's Society, Connect, Breathe Easy, Lets Go Club, Mencap, Halton Haven, Halton Carers Centre etc and work with them on the development of publicity materials
- Ensure that through training and information Halton Borough Council staff are aware of and respond to issues raised by Carers.
- The PCT to continue to offer GPs the Enhanced GP Service for Carers.
- Develop stronger partnership links with PCT.
- To pilot the "demonstrator sites across Liverpool, St Helens and Halton; in order to develop stronger referral Pathways for Carers.
- To continue to provide the Emergency Respite for Carers Service/Emergency Card and to carry out a service review.

YOUNG CARERS

Introduction

Young carers are children and young people under the age of 18 years who provide care to another family member who has a physical illness / disability; mental ill health; sensory disability or has a problematic use of drugs or alcohol. The care given may be practical, physical and/or emotional. The level of care they provide would usually be undertaken by an adult and as a result of this has a significant impact on their normal childhood. Underpinning guidance;

- The child or young person does not have to live with the person they care for.

- The term does not refer to young people under the age of 18 years who are caring for their own children.
- The term does not refer to young people under the age of 18 years who accept an age appropriate role in taking increasing responsibility for household tasks in homes with a disabled, sick or mentally ill parent.
- The impact of caring on a young person varies and it is important to assess needs on an individual basis.”

We do not know the absolute figure for the number of young carers in the borough or the UK. Young carers are only known to agencies when they or their families chose to identify themselves. Therefore, the true extent of caring by children and young people is ‘hidden’. The 2001 Census identified 175,000 young carers aged under 18 in the United Kingdom, 474 of whom are in Halton.

The aims of the Young Carers Strategy 2009 in summary are to raise awareness of and highlight the needs of young carers, to ensure all young carers have access to projects/services which can provide support for their emotional and personal needs, social and educational development and to encourage agencies to work towards supporting families to reduce the amount of inappropriate care that a child/young person provides to any family member. The strategy will also look at how services can best address the needs of young carers in families that fall under the “hidden harm” agenda, with specific reference to the development of working protocols between children’s, adults (AMH and DAA services) and young carers services.

The agencies involved with delivering the Young Carers Strategy are aiming to achieve the position whereby young carers are seen as children first, by promoting inclusion and supporting them to be able to undertake educational and leisure activities with their peers. The aim is to ensure young carers are prioritised for access to universal services within the borough.

Children in a caring role should be supported to make choices about their life and feel confident that if they are not able or do not wish to provide the care, then the cared for person is not put at risk.

Existing Provision

Halton Young Carers Project is run by HITS specifically for young carers, it is important that this project whilst providing a valuable service should not be the only option for young carers, who should be encouraged to take part in activities with their peers who are not carers. Other statutory and 3rd Sector organisations also provide services which are available to young carers across the borough, offering activities and support on an individual and group basis. There needs to be clearer referral pathways and priority of access for young carers to these services.

Messages from Carers’ consultation event 2009

Joined up working between Halton’s Children’s Services and Adults Services Departments must recognise the need to continue to work closely together to ensure families are assessed and their needs met holistically as outlined in The Children Act and National Service Framework for Children, Young People and Maternity Services. The family must be seen as a “whole” and their needs met accordingly, not addressed in isolation by the two departments and different social workers/care

managers. The care needs of the parent need to be assessed and met to prevent children providing care inappropriate to their age and capabilities.

This includes ensuring that the needs of all children with long-term social care needs in the transition from childhood to adults have been assessed and appropriately taken into account by Adults Services. Key aspects include young carers who at 18 will become adult carers and the need for all adult carers' services to retain awareness of child development and welfare issues in general and of child protection matters in particular.

Summary of Identified Needs

Young Carers reported that there was still a lack of suitable services for young people. Overall they felt that once they had accessed services at HITS, they were ok; but that referrals could sometimes be slow. Young Carers said that they felt there was a lack of choice/options for them, within Halton.

Although there are services in place for carers, there were reports at the consultation that lack of general information about available services; still stopped more carers accessing them. Those carers that had accessed the services available were satisfied with them.

- More responsive access into HITS
- Increased choice of activities and Young Carers breaks

Commissioning Intentions

To increase the choice of breaks accessible to young carers and includes the following;

- **Deafness Support;** this is a pilot scheme which will allow for young carers of deaf adults and siblings of deaf children to access a variety of short breaks throughout the year, they may be one off events or repeated events. Breaks may include tickets or entrance fees to Chester Zoo etc
- **Canal Boat Project;** Includes various breaks such as 5 x day residential with watersports, horse riding, picnics etc, a 3 x day canal boat residential for up to 8 young carers and a London 2 x day trip to include theatre to see Blood Brothers, sight seeing and a meal.
- **HITS;** will provide outings of local and regional interest to individual and groups of young carers. Carers will influence the type of event/break through consultation.
- **Arch Initiatives;** will offer one to one and group respite activities for young people aged between 0 – 19 years. The one to one sessions will enable the young carer to focus on specific issues that may face them with regards to being affected by their parents drinking or drug mis-use.
- **Halton Haven;** Will identify and provide individualised breaks for young carers based on their personal circumstances and may include holidays, theatre and cinema tickets and football matches.
- **HAFS;** To contribute to the development of facilities of the new teenagers room by providing equipment, which includes wide screen T.V, plus P.C. lap tops and games.

SECTION FIVE : PERFORMANCE AND FINANCE

PERFORMANCE ASSESSMENT

Halton Borough Council is currently rated as an 'Excellent' Authority and has a 3 Star Social Services rating and now a more challenging performance framework has been developed which requires councils to evidence a significant range of activities in order to achieve an adequate star rating.

NOTE: Areas where Councils will need evidence of supporting Carers/addressing their needs to even get an "adequate" performance now include:

- Good published information with opportunity to discuss with advisor where necessary
- Advocacy for Carers
- Rehabilitation recognising and supporting Carers needs
- Hospital Discharge processes recognising and supporting Carers needs
- End of Life Care
- Info re maintaining Carers health and well-being
- Inter agency coordination on the ground to support Carers and their families
- Support for families to avoid young Carers undertaking inappropriate care/missing out on educational opportunities.
- Carers and their families being able to access community transport
- Independence Choice and Control for Carers (as well as service users)
- Carers access to leisure and community facilities
- Carers being involved in the work of voluntary organisations that support Carers
- A range of support services which are sensitive to Carers cultural needs
- A partnership approach to assessment (Carers recognised as expert partners in care)
- Named person to contact re the carers support plan and/or that of the person they look after
- Help to access Carer Direct Payments and Direct payments for the person they look after
- Carers involved in reviews (both their own and the person they look after)
- Sign posting Carers to appropriate services
- Carers enabled to understand their entitlement to service (and the entitlement for the person they look after)
- Carers helped to access work and training
- Working Carers helped to remain in work
- Workers appropriately trained
- Safeguarding Carers as well as service users
- Complaints processes which track outcomes/issues for Carers
- Help with financial information including benefits advice
- Demonstrating carer involvement and influence in our Strategic Planning and Commissioning Strategies

To achieve "performing well", Councils must be able to evidence most or all of the "adequate" characteristics and that:

- Carers are treated as expert partners and their quality of life is supported equally to those they care for.
- Carers report that their health and well-being needs and wishes are carefully taken into account.
- Carers have well-developed support and a greater than average range of options to choose from.
- Social care workers treat carers and families as partners. They have skills and knowledge to do this, even where needs are complex.
- Carers find that care and health workers are skilled in helping families who support people with more complex or intensive needs.
- Organisations led by people who use services and their carers are well supported and their views make a difference.
- Carers have specific opportunity to contribute and influence services.
- Carers have a copy of their support plan with a review date and contact.
- Carers are confident that making a complaint will not prejudice the support they receive.
- Carers can get personal advice about support options, and what the criteria on entitlement means for them.
- Carers have opportunities to combine work with caring. Many local employers recognise their needs and have flexible working conditions.
- Skilled advice helps many carers to maximise income available to them to reduce financial hardship caused by their caring role.
- Support schemes are flexible and help carers to work around individual employment and family needs and preferences
- Carers are provided with training opportunities to promote their skills and knowledge.
- Knowledge of population needs and the views of carers are comprehensive, and up to date.

The World Class Commissioning programme measures the PCT's performance against 3 domains; Outcomes, Competencies and Governance. *"The aim of world class commissioning, and therefore the ultimate test of its success, will be an improvement in health outcomes and a reduction in health inequalities"* Gary Belfield, Director of Commissioning, Department of Health.

NHS Halton & St Helens has recently been assessed for the second time, the result of which is an indication of progress in all three domains and the development of a Commissioning Strategic Plan (CSP) which sets out the case for action to improve health and tackle inequalities as well as the need to deliver effective services.

A key element in the CSP relates to young and adult carers, and outlines that:

- The PCT will ensure that work on the local carers agenda is linked to the work in both local authorities regarding the identification and support of carers to ensure that there is an assessment process to identify their health and emotional well-being needs, and pathways of support to meet their needs.

Work will be progressed during 2009/10 on the development of an appropriate Performance Framework to ensure that the Council and the PCT are appropriately positioned to respond effectively to the new performance requirements and this will include the development of an evaluation form. It is planned that the evaluation forms will be much more outcome based and will inform and influence the overall

development of service provision. It is intended to develop a system within the Assessment process; where Carers will be reviewed and the impact of the respite break or service intervention will be recorded. The focus on Carers health and well-being will be a priority and ways in which to reduce stress and maintain good health a clear target.

FINANCIAL ANALYSIS

Carers Grant 2008-2011

The carers grant is paid as part of the Area Based Grant. This is a non-ring fenced general grant. As such local authorities are able to determine locally how best to spend the Grant in order to deliver local and national priorities in their areas

Whilst there are no conditions attached to the Carers' Grant money for 2008/2011, the Care Quality Commission will continue to monitor the provision of services to support carers. The approach to carers set out in the Social Care Concordat 'Putting People First' should be reflected in the development of any services and policies.

As such the grant is currently utilized in the provision of services to carers. Outlined below are the details of planned spend during 2009/10 linked to the commissioning intentions outlined in section 4 of the strategy and identifies the number of carers that will be supported and breaks provided to those carers.

It should be noted that the Carers Grant is currently only available until March 2011 and it is unclear at the moment whether the Grant will continue past this date. It is anticipated that it would be unlikely that carers services could be funded within other resources currently available to the Local Authority. Therefore work will commence during 2009/10 on the development of a funding exit strategy outlining how the Commissioning Strategy could potentially be funded from April 2011; this could potentially look at alternative sources of funding from partner organisations or the redistribution of other funding available to the Local Authority.

2009/10 Carers Grant Allocation

Allocation for HBC	£647,000
Children Services Allocation (20%)	-£129,400
Total grant available for adult services	£ 517,600

NOTE: It should be noted that when figures are compared between service areas in terms of the numbers of breaks provided and the amount of grant allocated it does appear that in some areas there is some disparity across areas. This is due to the fact that some services/packages provided are more complex than others and therefore additional funds are required. This is kept under review by the Carer LIT Sub Groups, who are required to report on activity in terms of breaks provided/expenditure and outcomes for Carers to the Carers Strategy Group on a regular basis

FINANCIAL TABLES

Older People's Service

Carers Grant allocation in 2009/10 = £180,360

Organisation/Team/ Service	Amount Allocated 2009/10	No. of Carers	No. of Breaks
OPW	£39,621	150	1100
OPR	£39,621	150	1100
Oakmeadow	£25,686	26	1352
Let's Go Club	£5,500	95	1100
Halton Zipper Club	£1,000	25	784
Halton Haven	£1,000	50	100
Alzheimer's Society	£30,000	120	700
PSS	£7,932	12	299
New Service to be commissioned : One to one care/sitting service (July'09 onwards)	£30,000	TBC	TBC
TOTAL	£180,360	628	6535

Mental Health Service

Carers Grant allocation in 2009/10 = £32,000

Organisation/Team/ Service	Amount Allocated 2009/10	No. of Carers	No. of Breaks
MH Team	£26,000	100	900
Support Groups	£1,500	50	500
Training	£2,500	60	100
Contingency Fund (review Sept'09)	£2,000	N/A	N/A
TOTAL	£32,000	210	1500

ALD Services

Carers Grant allocation in 2009/10 = £40,726

Organisation/Team/ Service	Amount Allocated 2009/10	No. of Carers	No. of Breaks
ALD Team	£24,976	164	1000
Connect	£5,000	30	1580
Mencap	£5,400	156	3430
St Basil Discos	£350	30	1500
HAFS	£5,000	24	720
TOTAL	£40,726	404	8230

PSD Services

Carers Grant allocation in 2009/10 = £37,817

Organisation/Team/ Service	Amount Allocated 2009/10	No. of Carers	No. of Breaks
PSD Team	£22,000	102	747
Lets Go Club (swimming and sewing club)	£5,000	27	2280
Widnes and Runcorn Cancer Support Group	£5,000	80	1650
Breathe Easy Halton (BEH) Group	£1,420	10	30
Halton Happy Hearts	£1,500	70	2,000
Parkinson's Disease Society	£2,500	30	200
Contingency Fund (Review Sept'09)	£397	N/A	N/A
TOTAL	£37,817	319	6907

Young Carers Services

Carers Grant allocation in 2009/10 = £15,000

Organisation/Team/ Service	Amount Allocated 2009/10	No. of Carers	No. of Breaks
Deafness support	£1,000	10	40
Canal Boat Project	£4,000	10	50
Contingency Fund	£1,000	N/A	N/A
HITS	£3,000	11	50
ARCH Initiatives	£4,000	40	200
Halton Haven	£1,000	10	20
HAFSC	£1,000	11	122
TOTAL	£15,000	92	482

NOTE: No specific carers grant allocation has been provided to Carers of people with Drug and Alcohol problems, as it was agreed by the LIT Carers Sub Group for Drug and Alcohol that work would take place to ensure the better utilisation of Carers Services provided by Halton Carers Centre. This would be kept under review by the LIT Sub Group – Further details about the work of this group can be found on page 21 of this Strategy.

Generic Services

Carers Grant allocation in 2009/10 = £211,697

Organisation/Team/ Service	Amount Allocated 2009/10	No. of Carers	No. of Breaks
*Halton Carers centre - (HCC)	114,135	438	776
Emergency Respite	54,400	N/A	N/A

Service			
Publicity Materials	5,000	N/A	N/A
HCC – Complementary Therapy Service	13,000	250	1000
HCC – Carers Forum	9,162	800 - target members	460
HPIJ	16,000	40 – to be supported	N/A
TOTAL	£211,697	1,528	2,236

Halton & St Helens PCT contribute an additional £20k and the Children and Young People's Directorate contribute £30k to the infra structure and running costs of the Centre

PCT Carers Breaks Funding for 2009/10 and 10/11

Within the government's 10 year National Carers' Strategy published in 2008, one of the key commitments was the announcement that PCTs would receive £50m in 2009/10 and a further £100m in 2010/11 to provide breaks for Carers. This money has been given to the PCT as part of the total allocation and we will work in partnership with the council and third sector organisations to support breaks for carers.

2009/10	£134K for Carers Breaks
2010/11	£268K for Carers Breaks

SECTION SIX : IMPLEMENTING THE STRATEGY

INTRODUCTION

The strategic priorities and commissioning intentions outlined within this Joint Strategy will be closely monitored throughout the life of the Strategy via the Groups outlined in Section Three of this Strategy.

However, work will also take place to ensure that there is an appropriate infrastructure in place to implement the new strategy along with the development of an appropriate performance framework based on the action plan.

We will ensure that all carers services provided by the voluntary and statutory services are supported to set and deliver will set their individual targets on an annual basis and monitoring and performance feedback from those services will be provided on a quarterly basis through the Carers Strategy Group.

The feedback will include;

- Number of carers provided with a break
- Number of breaks provided
- The disability of the cared for person/connected team
- Age of carer
- Ethnicity of carer
- Number of assessments offered
- Outcomes for Carers

There is a particular emphasis on measurable outcomes for carers and this Strategy will demonstrate that Halton is in line with the best performing local authorities based on the national performance indicators.

There will be an annual review of carer services; which will include a Carer Consultation event and will contribute to the commissioning of future services and developments.

Carers will be encouraged to contribute their thoughts, opinions and experiences of carer services within Halton by joining Halton Carers Forum, Local Implementation Team (Sub groups for carers), Carers Reference groups and LINKs, as well as steering groups and Service Development groups. It is essential that carers are involved in the development of services and monitor the performance and progress of those services.

JOINT COMMISSIONING STRATEGY ACTION PLAN

The Action Plan demonstrates how we will work towards the outcomes mentioned throughout the strategy. The National Carers Strategy has influenced the performance measures and local identified need. We have listed review dates and lead officers who will be responsible for/contribute to driving the aims forward and reporting on the outcomes.

Past records have demonstrated that we have exceeded targets/aims in certain areas; in particular we exceeded the number of assessments that were carried out in

2008/09. With this in mind, we will be pro-active in looking for opportunities to build upon our progress and update the action plan accordingly on an ongoing basis.

ACTION PLAN FOR 2009 – 2012
(To be reviewed annually)

*Adult Social Care Outcomes	Objective	Actions	Outputs/Outcomes	Links to National Carers' Strategy	Accountable Officer	Timescale
1. Improved Health & Emotional Wellbeing						
1.1	Carer Assessments	To provide assessments for carers; a) Halton Carers Centre (low threshold self assessments) b) Halton Borough Council c) Consideration to be given to FACS criteria in light of the Self Directed Support project	Increase numbers of carers that access an assessment and lead to provision of service/information or advice to ensure that their needs are being met.	<ul style="list-style-type: none"> • A life of their own • Income and Employment • Health and Wellbeing 	Halton Carers Centre Manager Divisional Manager (Personalisation) Carers Assessors Carers Assessment Group	Ongoing – Review in November 2009
1.2	Department of Health Demonstrator Site	Partnership Bid to be to establish clear referral pathways and protocols for carers. To raise profile of carers issues and establish a more seamless service across Halton and St Helens	Increase numbers of carers accessing community based services and therefore reducing the deterioration of carer's health/conditions by providing information and services at an earlier stage.	<ul style="list-style-type: none"> • Health and Wellbeing 	PCT Commissioning Manager (Community) Service Planning Manager Halton Carers Centre Manager	Ongoing – Review from Jan 2010 – Nov 2010
1.3	Complementary Therapy Service	Commission Halton Carers Centre to provide holistic therapies and	250 carers having access for up to 1000 breaks in period	<ul style="list-style-type: none"> • Health and Wellbeing • A life of their 	Halton Carers Centre Manager	Ongoing – Review quarterly

		pamper sessions, and trips	2009/10, leading to an improvement in health and wellbeing.	Own		
1.4	Promote Carer Issues	Distribute information through; newsletters, leaflets websites and face-to-face meetings.	Increase the numbers of previously hidden carers into services, resulting in more Carers within Halton, having increased knowledge about available services and their rights.	<ul style="list-style-type: none"> • A life of their own • Income and Employment • Health and Wellbeing 	Carer Development Officer (in conjunction with all agencies and providers funded by the carer's grant and organisations including Primary Care Trust and Halton Borough Council)	Ongoing – Review in November 2009
1.5	Ensure that Halton & St Helens fully consider the needs of carers with the Development of Local Dementia Strategy	To provide clear direction of travel in relation to specialist services for people with dementia and their carers	Support the implementation of objective 7 from the National Dementia Strategy (see National Context – page 7)	<ul style="list-style-type: none"> • Health and Wellbeing 	Joint Older People's Commissioning Manager	Ongoing
2. Improved Quality of Life						
2.1	Carer Participation	Increase involvement on groups: - a) LIT Sub Groups b) Carers Reference Group c) Carers Forum d) Personalisation	Commissioned services which meet the needs of the carer; and in which they monitor and evaluate throughout the year therefore	<ul style="list-style-type: none"> • Integrated and personalised services 	Chairs of LIT Sub groups Halton Carers Centre Manager Divisional Manager	Ongoing – Review in November 2009

		Development Group	increasing the Carers voice and influence within service development		(Personalisation)	
2.2	Direct Payments	Assessors to offer and promote direct payments to those carers that wish to have more choice and flexibility in accessing services.	Increased choice and control for carers, ensuring that Carers have access to services, which offers more flexibility when Carers need it.	<ul style="list-style-type: none"> • Integrated and Personalised services • A Life of their own • Health and Wellbeing 	Carers Assessors Direct Payments Team	Ongoing – Review in November 2009
2.3	Increased services for Young Carers	Halton Borough Council monitor the newly commissioned services suitable for young carers during the next carer's consultation	Young carers needs being met through increased flexibility and responsive services and which Carers have already influenced the commissioning of.	<ul style="list-style-type: none"> • A Life of Their Own • Integrated and Personalised Services 	Young Carers Development Manager	Ongoing – Review in Jan 2010
2.4	Housing Support	Halton Borough Council to continue to include consideration for carers within their Housing Policy	Consideration being given to carers wishing to apply for housing	<ul style="list-style-type: none"> • Integrated and Personalised services 	Housing Strategy Manager	Ongoing – Review in November 2009
2.5	Emergency Respite for Carers Service and Review	Opportunity to register for the Emergency Respite for Carers to those individuals where it is assessed as appropriate - Accessible through a Social Services Assessment for Carers.	Contingency plans for carers in case of an emergency reduce stress and anxiety	<ul style="list-style-type: none"> • A Life of Their Own • Health and Wellbeing 	Divisional Manager (Intermediate Care) Service Development Officer (Carers)	Review – July 2009

2.6	Lifeline	Available for carers and the cared for – where it has been assessed as appropriate	Reduce stress and anxiety	<ul style="list-style-type: none"> • A Life of Their Own • Health and Wellbeing 	Divisional Manager (Intermediate Care)	Review - October 2009
2.7	GP Enhanced Service for Carers	<p>a) Available to carers within Halton - offers identification and a more flexible approach to carers needing to access primary care services.</p> <p>b) An annual audit to take place, which includes individuals from HBC, PCT and carers; to ensure that system is meeting the needs of carers and can shape future developments.</p>	Increase carer's health and well-being and encourage carers to maintain their own health and to reduce long-term negative effects on carers.	<ul style="list-style-type: none"> • A Life of Their Own • Health and Wellbeing 	PCT Commissioning Manager (Community)	Review - October 2009
2.8	Carers Breaks	To provide a range of breaks for Carers within Halton	To improve the quality of their lives by providing "time out" for Carers to focus on themselves and their own needs.	<ul style="list-style-type: none"> • A Life of Their Own • Health and Wellbeing 	All agencies in receipt of Carers Grant funds	Review - quarterly
2.9	Leisure Cards	Halton Carers Centre to continue to issue Leisure Cards to carers who have registered with the Centre	To improve the quality of life to Carers within Halton and to offer the Carers chance to access flexible breaks when they most need	<ul style="list-style-type: none"> • A Life of Their Own • Health and Wellbeing 	Halton Carers Centre Manager	Review - quarterly

			them.			
2.10	Develop a strategic approach to the distribution of Carer Information	Produce up to date Publicity Strategy 2009/12	To ensure that carers receive information and publicity to inform them about roles, responsibilities and expectations within their carer status, to indicate national and local developments and to outline services available within the borough for carers, better informing them about how they can influence and develop services within Halton.	<ul style="list-style-type: none"> Leadership 	Service Development Officer (Carers) /Carer Development Officer HBC	Review – September 2009
3. Making a Positive Contribution						
3.1	Defining a Carer	Review the definition and evaluate impact on fairer distribution of carers breaks	Carers having increased access to carer services. Carer services supporting the transition of change for carers	<ul style="list-style-type: none"> A Life of Their Own 	Service Development Officer (Carers)	June 2009

3.2	Carers' Day	To co-ordinate events and promote carers within Halton	Increase numbers of carers registering and accessing services within Halton	<ul style="list-style-type: none"> • A Life of Their Own • Income and Employment 	Service Development Officer (Carers)/ Carers Development Officer	December 2009
3.3	Carers' Week	To co-ordinate events for carers and promote carer issues.	Increase numbers of carers registering and accessing services within Halton	<ul style="list-style-type: none"> • A Life of Their Own • Health and Wellbeing 	Service Development Officer (Carers)/ Carers Development Officer	June 2009
3.4	Annual Carers Consultation Event	To set up an annual carers consultation.	<p>a) To shape and develop services for carers and to review current services for carers.</p> <p>b) To increase numbers of carers that attended previous events</p>	<ul style="list-style-type: none"> • Integrated and Personalised Services • Health and Wellbeing • A life of Their Own • Income and Employment • Young Carers 	Service Development Officer (Carers)	January 2010
3.5	Promotional events and services	All partnership agencies to provide awareness raising presentations to raise the profile of carer's issues gathered through carer consultation events and feedback forms.	Improved services for carers by ensuring that staff understand the role of a Carer and the challenges that Carers face therefore being able to be more responsive and	<ul style="list-style-type: none"> • Integrated and Personalised Services • Health and Wellbeing • A life of Their Own • Income and Employment 	Carers Development Officer (in conjunction with all agencies)	Review - August 2009

			receptive to Carers needs, when they access services.	<ul style="list-style-type: none"> • Young Carers 		
3.6	Halton Carer Reference Group and Carers Forum	<p>a) Carer involvement in the shaping and monitoring of carer services</p> <p>b) Participation in national survey</p>	Services that will meet the needs of carers and enable services to be developed with a more transparent approach, therefore meeting the requests from Carers and ensuring a more equitable partnership within the development of those services.	<ul style="list-style-type: none"> • Integrated and Personalised Services • Health and Wellbeing • A life of Their Own • Income and Employment • Young Carers 	Halton Carers Centre Manager	Review – November 2009
3.7	Continue to target “Hidden Carers”	<p>a) Briefing sessions for staff teams across Halton.</p> <p>b) Continue to raise profile of Young Carers through Development of LIT Sub Group for YC and Continue presence in Other LIT Sub groups.</p> <p>c) Develop presentation to be delivered in schools and colleges</p>	Increase numbers of Carers accessing services and therefore offer more Carers within Halton to receive the support and information that they need in order to maintain a life of their own and their health and wellbeing, as much as possible.	<ul style="list-style-type: none"> • Personalised Services • Health and Wellbeing • A life of Their Own • Income and Employment • Young Carers 	Chair of Assessment Group and Sub LITS (Carers) for Local Authority, Carers Lead for PCT and Manager of Carers Centre and Carers Service Providers.	Review - December 2009

		<p>in conjunction with other partnership agencies.</p> <p>d) Provide presentations to GP's, during their protected learning time.</p> <p>e) Re-establish Equal Opportunities Sub Group for Carers</p> <p>f) PCT to continue to commission Building Common Ground workshops</p>				
4. Freedom from Discrimination & Harassment						
4.1	Religion, Culture and Ethnicity data collation can inform development of carer services (Ashley House, Halton Carers Centre – already collect this information)	All agencies/organisations to collect carer data	Carers from religious cultural, ethnic and/or minority community groups can receive services more suited to meet their needs – resulting in increased inclusion. Increase the numbers of people from BME communities	<ul style="list-style-type: none"> • Integrated and Personalised Services • A Life of Their Own • Health and Wellbeing 	All Agencies Equal Opportunities Sub Group	Review quarterly – via Equal Opportunities Sub group

			accessing services			
4.2	Lesbian, Gay, Bisexual or Transsexual (LGBT) Carers	To carry out a consultation event (attend LGBT group) Primarily within Halton but otherwise consult group out of area if unable to contact Halton association	Increase numbers of LGBT carers registering for a service, and therefore being able to offer them the support and information that they need in order to continue in their caring role and to maintain their own health and wellbeing.	<ul style="list-style-type: none"> • Integrated and Personalised Services • A Life of Their Own • Health and Wellbeing 	Service Development Officer (Cares)	Review quarterly – via Equal Opportunities Sub group
4.3	Equal Opportunities Sub Group for Carers	Re-establish group and set up women's day with Making Space. Establish women who are carers from Black, Minority or Ethnic (BME) Communities	Increase numbers of carers registering from BME communities and provide respite breaks to meet their needs, and to increase numbers of Carers within Halton that contribute to the development of suitable services.	<ul style="list-style-type: none"> • Integrated and Personalised Services • A Life of Their Own • Health and Wellbeing 	Service Development Officer (Carers)/ Making Space BME workers	Review October 2009
5. Economic Well Being						
5.1	Opportunities to enter Training or Employment	Job Centre plus will be delivering a new government initiative, encouraging and supporting those carers	Carers having increased choice to improve their economic status and/or skills and	<ul style="list-style-type: none"> • Income and Employment • A Life of Their Own 	Job Centre Plus	Review - September 2009

		that wish to return to work/training; to be given the opportunity to do so. Job Centre Plus will be working in partnership with Riverside College to deliver a 12 x week course for People with Substance mis-use problems and carers that wish to return to work or gain training.	knowledge base, contributing to increased choice about their own lives.			
5.2	Halton People into Jobs (HPIJ)	Halton People into Jobs, to provide training and support to carers wanting to return to work or to access training which will enable them to increase their potential to acquire work	Carers having increased choice to improve their economic status and/or skills and knowledge base in order to secure employment if they so wish	<ul style="list-style-type: none"> Income and Employment A Life of Their Own 	HPIJ	Review - quarterly
5.3	Training to Staff and Other Professionals	Training to delivered by Carer Development Officer, Halton Borough Council and Halton Carers Centre staff in partnership to other professionals	Improve partnership working and communication between teams in order to provide a more seamless service for Carers, and to ensure that Carers receive a more supportive and	<ul style="list-style-type: none"> Integrated and personalised services 	Carer Development Officer Halton Carer Centre Manager	December - 2009

			efficient response from service providers.			
5.4	Halton Borough Council Community Bridge Building Service	To help carers and the cared for person access practical help and support.	Increase confidence of Carers and improve potential to increase economic well being	<ul style="list-style-type: none"> • A Life of their Own • Integrated and Personalised Services • Health and Wellbeing 	Principal Manager (Bridge Building Service)	Review – September 2009
5.5	Halton Carers Centre	Provides a signposting and information service for carers who wish to find out more about their rights about benefits and support.	Increase numbers of carers accessing benefits and increasing economic wellbeing.	<ul style="list-style-type: none"> • A Life of Their Own • Integrated and Personalised Services. • Health and Wellbeing • Income and Employment 	Halton Carers Centre Manager	Review - quarterly
5.6	Caring with Confidence	Provides training about the knowledge and essential skills required as a carer	To increase carers confidence about their caring skills and knowledge, in a safe and supportive learning environment.	<ul style="list-style-type: none"> • Health and Wellbeing • Income and Employment • A Life of their Own 	Halton Carers Centre Manager	January 2010
5.7	Halton Welfare Benefits Team	Can provide advice and information about carer's financial positions	Increase numbers of carers who are informed about financial implications and more informed about making	<ul style="list-style-type: none"> • Income and Employment 	Welfare Benefits Manager	December 2009

			changes.			
5.8	Flexible Working for Halton Borough Council Employees	Halton Borough Council continue to offer flexible working conditions, policies and practices for employees who have caring responsibilities.	Reduced stress in working conditions for HBC staff that have caring responsibilities, therefore helping them to maintain better health and wellbeing and to support their caring status where possible.	<ul style="list-style-type: none"> • A life of Their Own • Integrated and Personalised Services • Income and Employment • Health and Wellbeing 	HBC's Flexible Working Group	Review – September 2009
5.9	Increase support resources for Parents with Disabled Children	Establish Support Group for Parents with Disabled Children	To increase information support and networking for parents with disabled children.	<ul style="list-style-type: none"> • A life of their own 	Halton Carers Centre Manager	Review; July November and March
6. Commissioning and Use of Resources						
6.1	Develop Exit Strategy	Set up a task group, to develop an exit strategy for alternative resources	To ensure that Carer services continue to be funded through alternative funds – if the Carers grant ceases in 2010	<ul style="list-style-type: none"> • Commissioning and the use of resources 	Halton Carers Centre Manager, Service Development Officer (HBC)	By December 2010
6.2	To Develop Performance Framework	Set up task group to develop a new performance framework, to reflect the new personal budget changes	To put into place a more robust performance framework in order to monitor and shape	<ul style="list-style-type: none"> • Commissioning and the use of resources 		By December 2010

			and inform the new changes			
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- Where possible, linkages have been made with the current Adult Social Care Outcomes

Please note that the Action Plan will be reviewed and refreshed annually and that the deadlines, targets and priorities may changes according to National or Local directives and through identified need as a result of the annual Carers' Consultation events.

REFERENCES

1. A Community Strategy for a Sustainable Halton: 2006 – 2011
2. Halton Borough Council's 'It's all Happening in Halton' The Corporate Plan: 2006 – 2011
3. Parenting Support Strategy 2007-2010
3. The State of the Borough in Halton Report – 2008
4. Local Area Agreement 2008
5. Joint Strategic Needs Assessment (Health & Wellbeing) 2008
6. Young Carers - Is the harm still hidden? Best, Witton, Homayoun, Manning and Day – 2007
7. Children and Young Peoples Plan April 2009 – March 2011
8. NHS Halton and St Helens Primary Care Trust Plan
9. The Health and Community Directorate Business Plan 2009 - 2012

GLOSSARY OF TERMS

NHS	National Health Service
PCT	Primary Care Trust
GP	General Practitioner
CSCI	Commission for Social Care Inspection
IMD	Index of multiple Deprivation
SOA's	Super Output Areas
LIT	Local Implementation Teams
FACS	Fair Access to Care
HAFS	Halton Autistic Family Support
LGBT	Lesbian, Gay, Bisexual and Transgender
HITS	Hope Inclusion, Time, Success
DAA	Drug and Alcohol service
AMH	Adult Mental Health team
DP	Direct Payments

APPENDIX 1

The Carers (Recognition and Services) Act 1995

The Carers (Recognition and Services) Act 1995 was implemented in April 1995. Under this legislation:

- All carers of any age are given the right to request their own carers assessment
- The carers assessment looks at the ways in which the carer can be supported in their caring role
- The information from the carers assessment can be used to increase the services to the cared for person

The Carers and Disabled Children's Act 2000

The Carers and Disabled Children's Act 2000 was introduced in April 2001. Under this legislation:

- Unpaid carers over the age of 16 years who are caring for an adult have the right to request a separate assessment of their own needs. A carer may request his or her own carers assessment, even when the person they care for refuses their own assessment or support services
- People with parental responsibility for disabled children may also request a carers assessment
- Children's views are taken into account with the provision of service
- Local authorities have the power to provide services directly to carers to help maintain their health and safety and support them in their caring role
- Services to carers may be provided in a variety of ways, such as Direct Payments to carers

The Children's Act (1989)

This law states that the child's safety and wellbeing are the most important things and stresses the importance of helping families who are in need. Children in need are those that may not have the opportunities to achieve or develop fully without help from carers or support services.

The Carers Equal Opportunities Act 2004

This Act became law from 1st April 2005. The law has numerous positive effects for carers in Halton. It means that carers will:

- Be told about their rights to their own carers assessment
- Have their wishes to remain in, or return to work and education, taken into account when decisions are made about support given to the person they care for
- Have better information about opportunities for work, education, training and leisure
- Benefit from more emphasis on joint working between statutory services such as Halton Social Services, the NHS Halton and St Helens and 5 Boroughs Partnership NHS Trust
- Carers will have equal access to services, advice and information and support regardless of gender, age, race, disability, religious beliefs and sexual orientation.

Benefits of the legislation include:

- More carers being able to continue in work or study whilst caring
- Increase the employability of carers who wish to return to work or study
- More opportunities for carers to have access to education, training and leisure services and lead to a more fulfilled life

Living well with Dementia: A National Dementia Strategy (Feb. 2009)

The aim of the Strategy is to ensure that significant improvements are made to dementia services across three key areas: improved awareness, earlier diagnosis and intervention, and a higher quality of care. The strategy identifies 17 key objectives which, when implemented, largely at a local level, should result in significant improvements in the quality of services provided to people with dementia and should promote a greater understanding of the causes and consequences of dementia.

Objective 7: of the Dementia Strategy identifies that family carers are the most important resource available for people with dementia. Active work is needed to ensure that the provisions of the Carers' strategy are available for carers of people with dementia. This will include good quality, personalised breaks. Action should also be taken to strengthen support for children who are in caring roles, ensuring that their particular needs as children are protected.

The Mental Capacity Act (2005)

The Mental Capacity Act applies to all individuals in England and Wales who are aged 16 and above and who lack capacity to make decisions. Hence everyone directly involved in the care of such individuals or employed in health and social care will be subject to the Act.

An individual demonstrably lacking capacity will need someone (often their carer) to make decisions on their behalf. The more important the decision the greater the likelihood that more people will be involved. An assessment must be made for each decision.

If an individual is shown to lack capacity then those acting on their behalf must do so in the 'best interests' of the person. It is important to ensure that 'best interests' actually represents the person's true wishes. Carers are often best placed to provide such information.

The NHS and Community Care Act (1990)

Means councils must involve families and carers when making plans for helping vulnerable people in the community

Quality Standards

The King's Fund, after extensive consultation with voluntary organisations, statutory bodies, social service departments and health authorities, published **Quality**

Standards for Local Carer Support Services in 2002. There are five quality standards, which include:

- Information
- Providing a break
- Emotional support
- Support that helps carers to care and maintain their own health
- Having a voice

White Paper: Our Health, Our Care, Our Say

The White Paper, published in January 2006, sets out the reforms intended to develop modern and convenient health and social care services. The White Paper acknowledges the vital role carers play. They provide a valued preventative service and it is imperative they and their families receive good quality, flexible and tailored support services in order to work and live their lives.

Performance Framework

With effect from 1.4.09, the work of Commission for Social Care Inspection transferred to the new Care Quality Commission; which is the auditing body for the Local Authority.

At the CSCI (Commission Social Care Inspection) Carers Improvement Board in February 2009, Baroness Young the Chair of the Care Quality Commission and senior managers in CSCI (Commission Social Care Inspection) highlighted that the new outcomes and performance characteristics require a significant shift in focus - giving far greater emphasis to support for Carers than in the past and with a need to evidence outcomes for Carers. This is really very radical, making Carers everybody's business in a way that has never quite been the case before.

Appendix 3

Defining a Carer in Halton

A former carer within Halton can access carer's breaks and training from the Halton Carers' Centre for up to 12 months after they cease to be a carer through either bereavement or change of circumstances where the 'Cared For' person moves:

- into either a nursing home
- 24 hour residential setting
- their own tenancy
- a supported tenancy

Where the 'Cared For' person has gone into a residential setting or a nursing home, the Carer would have to demonstrate that they are continuing to provide care to the person which is in addition to the usual family relationship that they may have, i.e. they would need to be included in a Care Plan in order to continue to be recognised as a Carer and access carer breaks and training from the Halton Carers' Centre.

APPENDIX 4**ELIGIBILITY CRITERIA FOR CARERS OF ADULTS**

Support will be provided if you are a carer and if:

Priority 1 Critical	Priority 2 Substantial	Priority 3 Moderate	Priority 4 Low
<p>You:</p> <ul style="list-style-type: none"> • Are providing substantial amounts of essential care and are at immediate risk of collapse • Are at immediate risk of abuse • Are at high risk in regard to health and safety • Are no longer willing or not able to care and there is a high risk of the cared-for person entering hospital 	<p>You:</p> <ul style="list-style-type: none"> • Are providing substantial amounts of care and are at high risk of collapse • Are providing substantial amounts of care and without help the person cared for would need immediate care support • Are no longer willing or not able to provide care • Are at risk of abuse or risk with regard to health and safety 	<p>You:</p> <ul style="list-style-type: none"> • Are providing substantial amounts of personal care and without some assistance you may no longer be able to provide care • Are at some risk to your health/safety 	<p>You:</p> <ul style="list-style-type: none"> • Provide substantial amounts of care but experience limited difficulty in providing support to person cared for • Are at no risk with regard to health and safety



CHILDREN WITH DISABILITIES

NEEDS ASSESSMENT MATRIX

AND

ALLOCATION OF RESOURCES

Severity Outcomes		LOW LEVEL OF NEED	MEDIUM LEVEL OF NEED	HIGH LEVEL OF NEED
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Be Healthy: <ul style="list-style-type: none"> • Nature of disability • Dependency • Demand on Carer 	Child needs routine medical checks only and requires no or minimal nursing care/support/treatment/	Child has unstable health and needs regular nursing care and support and/or complex medical care	Child has life limiting condition and requires daily nursing care and support and/or regular admissions to hospital	
	Child uses specialist equipment that does not require operational assistance	Child uses specialist equipment that needs operational assistance	Daily use of specialist equipment by child that needs operational assistance	
	Child has minimal therapy needs	Child has a planned programme of therapy	Child requires intense therapy programme	
	Child requires minimal help with personal care	Child needs daily support with basic self care functions e.g. eating, toileting, washing, dressing	Child is totally dependent on others for all basic self care functions e.g. eating, toileting, washing, dressing	
	Child is independently mobile	Child requires help with mobility and lifting	Child requires specialist aids for mobility	
	Child has some awareness of dangers and is able to function independently in the environment	Child has limited awareness of dangers and needs help to function in the environment	Child has no awareness of dangers and is dependent on others to function in the environment	
	Carer has no physical/mental health problems	Carer has some physical / mental health problems affecting ability to care	Carer has severe physical / mental health problems which have major implications for caring role	
	Low level of risk to health/safety of carer	Moderate level of risk to health/safety of carer	High level of risk to health/safety of carer	

Severity Outcomes		LOW LEVEL OF NEED	MEDIUM LEVEL OF NEED	HIGH LEVEL OF NEED
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Stay Safe: <ul style="list-style-type: none"> • Behaviour • Family dynamics • Support Networks • Environment 	Child requires supervision in some circumstances	Child requires continual supervision throughout the day and occasionally at night	Child requires constant monitoring/supervision both during the day and at night	
	Behaviour is not a risk to self or others (including self harm) and requires minimal management	Behaviour is a moderate risk to self or others (including self harm) and requires some input to manage	Behaviour is a serious risk to self or others (including self harm) and requires structured behaviour management programme	
	No child protection issues	Child has been subject to Section 47 enquiries/Child in Need Plan	Child has a Child Protection Plan	
	Child is only person in household with disabilities	One other person with disabilities who needs some support in household	More than one other person in household with disabilities who needs some support	
	More than one carer	Sole carer but has a support network	Sole carer with no support network	
	There are no pressures in the family other than caring for child	There are some other pressures in the family	There are complex family problems e.g. domestic violence, frequent changes in household, substance misuse	
	Where the child lives is a safe environment	There is sometimes risk for the child because of the physical environment	Where the child lives is not safe because of the physical environment	

Severity Outcomes		LOW LEVEL OF NEED		MEDIUM LEVEL OF NEED		HIGH LEVEL OF NEED	
		<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
		There is no risk of the child's placement breaking down		There is some risk of the child's placement breaking down		There is a high risk of the child's placement breaking down	
Enjoy and Achieve: <ul style="list-style-type: none"> School Hobbies 	Child attends a unit in mainstream school, special school in the Borough or college		Child attends a special school in the borough with additional support or an out of borough placement		Child attends a complex needs out of borough placement with specialised package of support.		
	Child needs support to pursue interests and activities		Child needs 1 – 1 support to pursue inclusive interests and activities or requires specialised activities		Child can only pursue specialised activities with support		
Make a Positive Contribution: <ul style="list-style-type: none"> Risky Behaviour Friendships Communication 	Child is confident and shows some understanding of risk situations		Child lacks confidence and is vulnerable to exploitation and bullying		Child has very limited understanding of risk situations and is extremely vulnerable		
	Child requires minimal support with communication		Child has significant communication difficulties		Child needs a skilled person to interpret communication		
	There are no difficulties in relationships with peers or siblings		There are stressful family relationships and/or some difficulties in relationships with peers		There is potentially harmful conflict with siblings and/or significant difficulties in relationships with peers		
	Child can adapt to different situations with support		Child needs to be prepared in advance for a change in routine		Child becomes extremely distressed following any small change to daily routine		

Severity Outcomes		LOW LEVEL OF NEED	MEDIUM LEVEL OF NEED	HIGH LEVEL OF NEED
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Child able to express their views with support		Child needs specialist support in order to express their views	Child has extremely limited ability to express views even with support
Economic Wellbeing: <ul style="list-style-type: none"> • Finance • Housing • Transport 	The family are receiving all financial entitlements		The family needs to budget carefully to meet financial commitments	The family is on a low income and has financial problems
	The family's accommodation is suitable and needs no adaptation		The family's accommodation is not totally suitable but does not need adaptation	The family's accommodation needs adaptation to meet the needs of the child
	The child qualifies for low/medium rate DLA		The child qualifies for higher level DLA both for care and mobility	The child qualifies for higher level mobility DLA and needs a specially designed vehicle
	The child will need support to continue in education, employment or training		The child will need individual support to continue in education, employment or training	The child will need a specialist adult care package

SUMMARY

Overall Assessment of Need	Description	<input type="checkbox"/>
Low	Need can be met by community based universal and/or preventive services	
Medium	Child would not have a reasonable standard of health and welfare due to a significant disability without the provision of specialist services	
High	Child has complex care needs requiring the input of specialist services	

ALLOCATION OF RESOURCES

Level of Need	Criteria, including risk factors	Desired outcomes of services	Examples of services that might appropriately be provided at this level
Low	1. Child needs routine medical checks only and requires no or minimal nursing care/support/ treatment 2. Child uses specialist equipment that does not require operational assistance 3. Child has minimal therapy needs 4. Child requires minimal help with personal care 5. Child is independently mobile 6. Child has some awareness of dangers and is able to function independently in the environment	Promotion of child's health Maintain a satisfactory level of personal care Safeguarding the child against abuse or neglect	1. Information about community facilities 2. Supported access to community facilities 3. Referral to community organisations for support in the home 4. Referral for occasional day and evening support within the community

Level of Need	Criteria, including risk factors	Desired outcomes of services	Examples of services that might appropriately be provided at this level
	<p>7. Carer has no physical/mental health problems</p> <p>8. Low level of risk to health/safety of carer</p> <p>9. Child requires supervision in some circumstances</p> <p>10. Behaviour is not a risk to self or others (including self harm) and requires minimal management</p> <p>12. No child protection issues</p> <p>13. Child is only person in household with disabilities</p> <p>14. More than one carer</p> <p>15. There are no pressures in the family other than caring for child</p> <p>16. Where the child lives is a safe environment</p> <p>17. There is no risk of the child's placement breaking down</p> <p>18. Child attends a unit in mainstream school, special school in the Borough or College</p> <p>19. Child needs support to pursue interests and activities</p> <p>20. Child is confident and shows some understanding of risk situations</p> <p>21. Child requires minimal support with communication</p> <p>22. There are no difficulties in relationships with peers or siblings</p> <p>23. Child can adapt to different situations with support</p> <p>24. Child able to express their views with support</p> <p>25. The family are receiving all financial entitlements</p> <p>26. The family's accommodation is suitable and needs no adaptation</p> <p>27. The child qualifies for low/medium rate DLA</p> <p>28. The child will need support to continue in education, employment or training</p>	<p>Prevent breakdown of family or social networks</p> <p>Live in a safe home environment</p> <p>Promotion of social inclusion</p>	<p>5. Short term social work input on specific issues e.g. newly diagnosed, transition</p> <p>6. Signposting to other agencies for advice regarding issues such as allowances, housing and carer support groups</p>
Medium	<p>1. Child has unstable health and needs regular nursing care and support and/or complex medical care</p> <p>2. Child uses specialist equipment that needs operational assistance</p> <p>3. Child has a planned programme of therapy</p>		

Level of Need	Criteria, including risk factors	Desired outcomes of services	Examples of services that might appropriately be provided at this level
	<p>4. Child needs daily support with basic self care functions e.g. eating, toileting, washing, dressing</p> <p>5. Child requires help with mobility and lifting</p> <p>6. Child has limited awareness of dangers and needs help to function in the environment</p> <p>7. Carer has some physical / mental health problems affecting ability to care</p> <p>8. Moderate level of risk to health/safety of carer</p> <p>9. Child requires continual supervision throughout the day and occasionally at night</p> <p>10. Behaviour is a moderate risk to self or others (including self harm) and requires some input to manage</p> <p>12. Child has been subject to Section 47 enquiries/Child in Need Plan</p> <p>13. One other person with disabilities who needs some support in household</p> <p>14. Sole carer but has a support network</p> <p>15. There are some other pressures in the family</p> <p>16. There is sometimes risk for the child because of the physical environment</p> <p>17. There is some risk of the child's placement breaking down</p> <p>18. Child attends a special school in the borough with additional support or a specialised out of borough placement</p> <p>19. Child needs 1 – 1 support to pursue inclusive interests and activities</p> <p>20. Child lacks confidence and is vulnerable to exploitation and bullying</p> <p>21. Child has significant communication difficulties</p> <p>22. There are stressful family relationships and/or some difficulties in relationships with peers</p> <p>23. Child needs to be prepared in advance for a change in routine</p> <p>24. Child needs specialist support in order to express their views</p> <p>25. The family needs to budget carefully to meet financial commitments</p> <p>26. The family's accommodation is not totally suitable but does not need adaptation</p>	<p>Promotion of child's health</p> <p>Maintain a satisfactory level of personal care</p> <p>Safeguarding the child against abuse or neglect</p> <p>Support parents/carers in looking after child</p> <p>Prevent family breakdown or breakdown of social networks</p> <p>Live in a safe home environment</p> <p>Promotion of child's interests and social networks</p> <p>Promotion of social inclusion</p>	<p>1. Information about community facilities</p> <p>2. Supported access to community facilities</p> <p>3. Regular day and evening support within the community</p> <p>4. Short term social work input on specific issues e.g. newly diagnosed; transition</p> <p>5. Outreach support from Community Support Workers</p> <p>6. Basic level direct payments</p> <p>7. Occasional overnight stays up to 45 nights a year</p>

Level of Need	Criteria, including risk factors	Desired outcomes of services	Examples of services that might appropriately be provided at this level
	27. The child qualifies for higher level DLA both for care and mobility 28. The child will need individual support to continue in education, employment or training		
High	1. Child has life limiting condition and requires daily nursing care and support and/or regular admissions to hospital 2. Daily use of specialist equipment by child that needs operational assistance 3. Child requires intense therapy programme 4. Child is dependent on others for all basic self care functions e.g. eating, toileting, washing, dressing 5. Child requires specialist aids for mobility 6. Child has no awareness of dangers and is dependent on others to function in the environment 7. Carer has severe physical / mental health problems which have major implications for caring role 8. High level of risk to health/safety of carer 9. Child requires constant monitoring/supervision both during the day and at night 10. Behaviour is a serious risk to self or others (including self harm) and requires structured behaviour management programme 12. Child has a Child Protection Plan 13. More than one other person in household with disabilities who needs some support 14. Sole carer with no support network 15. There are complex family problems e.g. domestic violence, frequent changes in household, substance misuse 16. Where the child lives is not safe because of the physical environment 17. There is a high risk of the child's placement breaking down 18. Child attends a complex needs out of borough placement with specialised package of support 19. Child can only pursue specialised activities with support	Promotion of child's health Maintain a satisfactory level of personal care Safeguarding the child against abuse or neglect Support parents/carers in looking after child Prevent family breakdown or breakdown of social networks Live in a safe home environment	1. Information about

Level of Need	Criteria, including risk factors	Desired outcomes of services	Examples of services that might appropriately be provided at this level
	<p>20. Child has very limited understanding of risk situations and is extremely vulnerable</p> <p>21. Child needs a skilled or familiar person to interpret communication</p> <p>22. There is potentially harmful conflict with siblings and/or significant difficulties in relationships with peers</p> <p>23. Child becomes extremely distressed following any small change to daily routine</p> <p>24. Child has extremely limited ability to express their views even with support</p> <p>25. The family is on a low income and has financial problems</p> <p>26. The family's accommodation needs adaptation to meet the needs of the child</p> <p>27. The child qualifies for higher level mobility DLA and needs a specially designed vehicle</p> <p>28. The child will need a specialist adult care package</p>	<p>Promotion of child's interests and social networks</p> <p>Promotion of social inclusion</p>	<p>community facilities</p> <p>2. Frequent day and evening support within the community</p> <p>3. Intensive individual social work support</p> <p>4. Outreach support from Community Support Workers</p> <p>5. Enhanced level direct payments</p> <p>6. Regular overnight stays over 45 nights a year</p>

Level of Need	Criteria, including risk factors	Desired outcomes of services	Examples of services that might appropriately be provided at this level
			<p>In Exceptional Circumstances:</p> <ol style="list-style-type: none"> 1. Foster placement 2. Residential placement

REPORT TO: Executive Board

DATE: 5 November 2009

REPORTING OFFICER: Strategic Director, Health & Community

SUBJECT: Halton Borough Council - Volunteer Strategy

WARD(S) Boroughwide

1.0 PURPOSE OF REPORT

1.1 To present the Executive Board with a Council Volunteer Strategy.

2.0 RECOMMENDATION: That the Executive Board agree the Strategy attached at Appendix 1.

3.0 SUPPORTING INFORMATION

3.1 The benefits stemming from volunteering activity can be numerous. Firstly it can help individuals in a variety of ways, such as providing them with a sense of satisfaction, enhancing their self-esteem and enable social contact and an exchange of experience, knowledge and skills. It can assist organisations by making use of individuals skills in supporting the delivery of services and activities and in this respect serves to enhance people's lives and choices. It can promote cohesion and a sense of belonging, ownership and the ability to influence decision-making at a local level.

3.2 There are benefits also to the larger community by promoting more active citizenship and an increase in the level of social activity, which could ultimately result in an increase in harmonious living, reduce crime, lower unemployment, increase participation and provide a greater understanding between different cultures and communities. In addition to improving individual health outcomes, volunteering can also act as a springboard for getting marginalised groups such as: the long-term unemployed, individuals with no qualifications and ethnic minorities, back into education and employment.

3.3 The aims of this Strategy are to:

- Improve the quality and diversity of volunteering within Halton Borough Council (HBC).
- Increase the number, age range and utility of local volunteering.
- Centralise all volunteering activity for HBC through a single portal.
- Offer volunteers access to appropriate support structures such

as supervision, training and development etc.

- Enhance Council engagement with the entire concept of volunteering.

3.4 The strategy will promote volunteering within HBC as an activity quite distinct from paid employment. In certain situations volunteers will work alongside other volunteers toward carefully defined goals. In others, they will work together with paid staff, where they will provide an additional value to the work already being carried out by Council employees. An important distinction must be made between the separate yet complementary roles of voluntary and paid staff. This is necessary in order to avoid volunteering being viewed as a substitute for paid employees and volunteers being viewed in the workplace as a threat to current job roles. Thus volunteers must not replace paid staff. Instead they represent an additional resource that can bring a fresh perspective, focus and stamina to a department, office or group. Volunteers may also provide a means of accessibility for service users who otherwise would feel or remain excluded from local or Council activity.

3.5 As part of the development of the Strategy a 'Building Common Ground' workshop was held that involved staff from across the Council and both the statutory and voluntary sector. The workshop spent some time looking at the vision for volunteering that they felt Halton should adopt and the way in which we could create an effective volunteer service, what was currently working well and ways in which current activities could be improved. The work undertaken by this Group formed the basis of the attached draft Strategy.

4.0 POLICY IMPLICATIONS

4.1 The Strategy demonstrates a "direction of travel" in line with national policy initiatives for volunteering activity. The strategy will standardise and bring clarity to the current volunteering practices across the Council.

4.2 The Adult Social Care Annual Performance Assessments had previously identified a need to further develop opportunities for volunteers in Social Care as an area for development.

4.3 Due to the Care Quality Commission's specific requirements for the Health & Community Directorate to increase volunteering activities within Adult Social Care, the Directorate has commissioned Halton Voluntary Action to undertake a 6-month project, which would address some of the areas within 3.3 and a number of specific points in the action plan.

4.4 Work would focus within the Directorate within two specific service

areas i.e. Community Bridge Building and Sure Start to Later Life and the project would aim to demonstrate that the interventions undertaken in terms of training and the development of systems would lead to an increase in the number and quality of volunteering opportunities within those two areas.

5.0 OTHER IMPLICATIONS

5.1 The six-month project commissioned from HVA has cost £25k and has been funded from within existing Health & Community Directorate resources.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Volunteering can provide a sense of satisfaction, enhances self-esteem and enables social contact and an exchange of experience, knowledge and skills. It can, if desired, offer pathways into education, training and employment.

6.2 Employment, Learning & Skills in Halton

Volunteering can act as a springboard for getting marginalised groups such as the long-term unemployed, individuals with no qualifications and ethnic minorities, back into education and employment.

6.3 A Healthy Halton

As a consequence of the positive experiences gained through volunteering, individuals can become better at representing themselves, as well as others. This has the important effect of enabling them to take greater responsibility for their own health and wellbeing.

6.4 A Safer Halton

Volunteering can have a positive impact on the community as a whole through active citizenship, which in turn can significantly increase harmonious living, reduce crime, increase participation and provide a greater understanding between different cultures and communities.

6.5 Halton's Urban Renewal

None specifically identified.

7.0 RISK ANALYSIS

7.1 There are no major risks associated with the implementation of the

strategy. The risks to the Council are more around not implementing the strategy. The present volunteer practices differ widely across the Council and standardised procedures need to be put in place to manage risks connected with volunteering e.g. CRB issues.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Access to volunteering can enable a range of disabled and disadvantaged groups to improve life opportunities and improve self-esteem.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

9.1 None.



Volunteer Strategy for Halton Borough Council

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1. Introduction

Volunteering is the natural human moral response to helping others. It tends to operate at three levels: within a community, within an organisation and at the personal level. All local authorities make use of volunteers in a variety of ways. As a consequence, they recognise its important role as a catalyst in helping a community function in a more effective way. Within communities, volunteering can promote cohesion and a sense of belonging ownership and the ability to influence decision-making at a local level. In an organisation, volunteering is a vital means of support in the delivery of services and activities and in this respect serves to enhance people's lives and choices.

For the individual volunteer, it provides a sense of satisfaction, enhances self-esteem and enables social contact and an exchange of experience, knowledge and skills. It can if desired, offer pathways into education, training and employment and at the same time offer support for or even exit routes from long-term health issues. It is also important to highlight the link that exists between volunteering and such areas as: peer group interests, local support networks and individual learning programmes. In combination these will enable individuals to self-advocate and take more responsibility for their own health.

This strategy aims to provide the necessary structure to:

- Improve the quality and diversity of volunteering within Halton Borough Council (HBC)
- Increase the number, age range and utility of local volunteering
- Centralise all volunteering activity for HBC through a single portal
- Offer volunteers access to appropriate support structures such as supervision, training and development etc.
- Enhance Council engagement with the entire concept of volunteering

2. Definitions

Volunteering is not easy to define, at one end of the extreme, volunteering can be highly visible as when lending support to a good cause in the voluntary, community or public sector. At the other extreme, it can also be covert as in the role of the carer, where the term volunteer may never arise, yet carers provide a vital service to individuals without financial gain.

In addition volunteering can be either formal or informal. The former refers to activities that are structured and planned through an organisation. This can be: a small community group consisting entirely of volunteers, a local authority such as Halton Borough Council, a national or voluntary organisation. Informal volunteering generally refers to diverse mutual help and co-operation between individuals within communities. This can vary from babysitting for a friend to gardening for an elderly neighbour.

Although this strategy focuses on formal or organised volunteering, it will become necessary during its lifetime to examine informal developments too and where possible to make links between both.

The definition of volunteering adopted for the strategy is:

Volunteering involves freely giving time, enthusiasm and assistance, all of which in turn can result in measurable benefits to the volunteer, another individual, group, organisation, community, society or the environment. Benefits must have outcomes that are measurable and the volunteer in offering their services must be exercising their own free will and not motivated by financial gain.

The strategy will promote volunteering within HBC as an activity quite distinct from paid employment. In certain situations volunteers will work alongside other volunteers toward carefully defined goals. In others, they will work together with paid staff, where they will provide an additional value to the work already being carried out by council employees. An important distinction must be made between the separate yet complementary roles of voluntary and paid staff. This is necessary in order to avoid volunteering being viewed as a substitute for paid employees and volunteers being viewed in the workplace as a threat to current job roles. Thus volunteers must not replace paid staff. Instead they represent an additional resource that can bring a fresh perspective, focus and stamina to a department, office or group. Volunteers may also provide a means of accessibility for service users who otherwise would feel or remain excluded from local or council activity.

NOTE

It should be noted that this Strategy does not cover those employees of HBC that undertake volunteering activities in addition to their paid employment. However issues related to this activity will be reviewed by the Corporate Work Life Balance Group as part of the 'Working Flexibly for You' Strategy 2007 - 2010

3. The Concept of Active Citizenship

A common theme is the personal fulfilment individuals can experience when engaged in voluntary work. This stems from association with like-minded individuals, commitment to a common cause or issue and the enhanced self-esteem that comes with helping others. Many organisations within the borough of Halton would not exist without volunteers serving on their management committees, raising funds or delivering services.

Nonetheless, although it is clear that there is considerable activity within HBC that is as a result of volunteering, there is still a strong sense that more should be achieved. In order to ensure that volunteering within the Council is given the necessary status and reach it's true potential, volunteering within the Council has to be 'made over' in order to be seen in a better light. In particular, it needs to be seen as an important human resource, a way of getting things done and a means of enabling citizens to play an active part in their community or area of interest. At the same time, it must engage the needs and aspirations of the volunteers themselves. HBC fully endorses this combined approach.

In the current shrinking economic climate the Government continues to promote active citizenship, as a means of getting individuals more involved in their local communities. This not only includes more traditional ideas of community building, but also aims to increase the number of those who volunteer to be part of the democratic process such as magistrates and school governors. Volunteering is high on the political agenda and is regarded as important by all three major political parties. Over the next three years £117m will be invested in youth volunteering through the charity 'V'.

Other programmes such as: 'Volunteering For All' and 'Goldstar' emphasise best practice in volunteering and specifically target those groups least likely to volunteer (people with disabilities and long-term illness, those with no formal qualifications and people from black and minority ethnic communities). The Office Of The Third Sector also fund Volunteering England and the Mentoring and Befriending Foundation – both organisations that develop guidance, good practice examples and support to organisations and practitioners involved in mentoring and befriending.

4. Principles and Benefits of Volunteering

Four basic principles are central to effective volunteering. These are:

- Choice: the decision to act as a volunteer must be freely made by each individual.
- Diversity: Volunteering should to be promoted within all sections of Halton society, regardless of background, age, gender, sexual orientation, race culture ...etc.
- Reciprocity: Volunteers offer their time and skills, but must be able to benefit in other ways in return – for example training, work experience, enhanced self-esteem, qualification ...etc.
- Recognition: It is important to recognise the value of the work volunteers do. They need to be given a higher profile locally because of their important contributions to Halton, its community and local economy. Volunteers need to be congratulated with regular profiles of their work in the media.

The benefits stemming from volunteering activity are threefold. They help individual volunteers in a variety of ways, assist organisations making use of their skills and have a positive impact socially through networking in the local area.

- Individual volunteers: Have an opportunity to act as an ambassador within their own community. Gain a sense of worthwhile achievement a better understanding of and ability to contribute to the life of the community. Feel part of the local community, gain sociability and have fun. Develop a sense of pride and belonging due to their having ‘made a difference.’ Learn useful skills and knowledge (which can be accredited) and knowledge all of which can contribute to future employment. Can undergo considerable personal development that can add structure and meaning to previously routine daily life. Increase self-confidence, through improved physical and mental health.
- Organisations that use volunteers such as voluntary and community groups and public sector services: Are able to deliver a wide range of services and have a bigger footprint into the community. Receive input and stimulation from a cross section of society, giving them a greater understanding of service user’s needs, communities and groups that might benefit. Are more closely integrated into their local community to the extent that they feel they can enhance and add value to services and activities. This can include the provision of services that might not otherwise be possible such as chaperone and befriending services that require extensive local knowledge and interest.

- The community: Gains a more active citizenship. Receives an increase in the level of social activity. This in turn can significantly increase harmonious living, reduce crime, lower unemployment, increase participation and provide a greater understanding between different cultures and communities. Has services, help and support provided to a wide range of people at a minimal cost. A consequence of this is better representation of local opinion at decision-making levels ensuring that communities have a better chance of getting what they require.

As a consequence of the positive experiences gained through volunteering with local voluntary and community groups, the individual becomes better at representing themselves as well as others. This has the important effect of enabling them to take greater responsibility for their own health.

In addition to improving individual health outcomes, volunteering can also act as a springboard for getting marginalised groups such as: the long-term unemployed, individuals with no qualifications and ethnic minorities, back into education and employment.

5. Vision (National, Regional and Local)

5.1 A National Context for Volunteering

Within Central Government policies, volunteering has become more important. It is frequently seen as one of the most suitable means of delivering the kind of community involvement and engagement that is crucial in such policy areas as: regeneration, health, neighbourhood renewal, education and social cohesion. This view is reiterated in the Local Government White Paper (2006) – Strong and Prosperous Communities that identifies the importance of volunteering.

Local Area Agreements (LAAs) are seen by Central Government as a crucial way of expanding its agenda for local democratic renewal. Through LAAs localities are given more control to determine priorities and deliver outcomes in their areas. LAAs enable partners to pool funding streams and target resources where they are needed most. Central to this initiative are LAAs working with the voluntary and community sectors in order to append a powerful neighbourhood emphasis to any local programme. This is reflected in the mandatory targets set by Central Government around both formal and informal volunteering.

National Indicator 6 outlines the need for participation in regular volunteering; high levels of volunteering are one sign of strong, active communities. Volunteers are vital in supporting the range of activity undertaken by third sector organisations and within the public services. Local government has an important role to play in creating a culture in which individuals are able to contribute to their communities by volunteering. Whilst National Indicator 7 outlines the need for a thriving third sector; a vibrant, diverse, and independent third sector is a vital component of a fair and enterprising society. It can help communities to be more cohesive and inclusive, and help individuals to have more say over issues that affect them.

The Volunteering Code of Practice, introduced under the National Compact agreement in 2001, is aimed at improving the relationship between government/local government and the voluntary/community sector as a way to improve volunteering.

5.2 A Regional Context for Volunteering

Regional infrastructure organisations, which support and develop volunteering, are in the process of developing links while investigating the concept of partnership working. Some examples of key players are:

- Sport England whose volunteers run local clubs and activities for all ages
- Student volunteering representing further and higher education
- Timebank – the London-based marketing ad campaign charity for the whole of the volunteering sector
- Business in the Community (BITC) – an organisation that forges links between the private sector and the volunteering sector.

Regionally these initiatives can have an important impact. For example, there is wide acceptance of the fact that London won the bid to host the 2012 Olympic and Paralympic games due to its volunteering programme and its determination to leave a lasting legacy for the voluntary and community sector. On a smaller scale, the benefits of regional programmes can have a lasting impact on both local communities and individuals. The results can be a marked increase in life choices for many thousands of people.

5.3 The Current Reality of Volunteering In HBC

The aim of the strategy is to create a volunteer service for HBC that would be the envy of other local authorities because:

- Volunteering helps people to help others in the community by providing necessary training and making use of individual expertise and experience.
- It values the skills that are already in abundance within HBC
- It enables people to move easily from employment, unemployment, retirement, education and local interests to becoming a volunteer.
- It provides HBC with a central information portal that signposts volunteering opportunities.
- It provides a positive experience for volunteers.

Values underpinning these statements are:

- People should have the opportunity to volunteer. Volunteering is an inclusive activity.
- People have a talent that can be used to enrich someone else's life.
- Volunteering benefits the volunteer and those that are supported by volunteers. It is a shared experience.
- Volunteering can empower people to acquire new skills and knowledge and contribute to the development of local communities
- Volunteering can bring about change for individuals and for communities

Work to achieve this vision of volunteering will be developed through a number of strands of work identified in the action plan

5.4 What is working well and what are we proud of in HBC?

- Currently there is a large range of volunteering opportunities already available within HBC and a large pool of volunteers willing and able to get involved.
- There is excellent community cohesion and the general feeling is that HBC recognises the importance of volunteering, frequently stresses it in terms of Public Relations (PR) and that overall this adds value to whatever area of volunteering is under the spotlight.

- Informal volunteering is extensive, despite limitations on resources, funding and the lack of a proper framework. Much of what is already effective volunteering happens without involvement from agencies. It consists of people wanting to help others in their area either as informal carers or as part of what they feel is their moral duty to assist neighbours, the elderly, the disabled and the sick. Halton can be proud of the fact that it has a significant number of individuals who feel this way, particularly among its most deprived wards.
- Volunteers themselves within the Halton area are of a high quality and there has already been some attempt to develop this skill base by making it easier to get volunteers into the workplace.
- In the area of sport, there are particularly good opportunities for individuals to do volunteer work with young people.

5.5 Challenges and issues

- Halton like most other local authorities consists of different communities – Runcorn and Widnes are just two examples. Within each there are smaller communities where a sense of belonging is such that there can be real fear of attempting to operate within a different community which may be adjacent or further away. Some considerable thought will need to go into promoting volunteer opportunities for HBC in order to access individuals who may be keen but are socially isolated.
- The concept of volunteering needs to be carefully marketed to ensure that the role is seen as an attractive one, where inherent benefits are through appropriate support and training are provided. This should help to boost recruitment by reinforcing the idea that volunteering is the expected ‘norm’ in HBC. The modern tendency toward social mobility has the negative effect of eroding the previous generation’s closer links with place, family and neighbours. A way around this is to package the whole concept of volunteering in such a way that it is seen as not just an exciting and moral thing to do, but also a way of creating links in the community that can make the whole process self sustaining. Volunteer activity needs to be reported in a positive, celebratory way, possibly with regular features in the local media and on the Internet. This would help to enhance both its image and improve its popularity.
- In some areas within HBC the process for volunteering is not formalised and there will be inherent difficulties in trying to formalise and regulate volunteering within the Authority. It is important that procedures and policies for recruiting volunteers, ‘Equal Opportunities’ and other protective legislation apply equally to volunteers as employed council workers. Necessarily there is a large investment in staff time to recruit, supervise, assist and manage volunteers. This would need to be formally recognised. In

addition, ways of valuing and rewarding (not necessarily monetary) volunteers will be required. This would make it easier to maintain existing volunteer levels and help stimulate interest from additional individuals

- How can the necessary outcomes be measured? An evidence based outcomes framework will need to be developed which incorporates outcomes for not only the volunteers but the services and service users they are supporting
- Providing a consistent approach to volunteering in HBC will involve the difficulties implicit in managing change, especially where individual attitudes and well-established methods and approaches will need to be reappraised. This can cause conflict and so will need to be managed sensitively. It will involve assigning value to current approaches and looking at ways of demonstrating value in the future. It is important to explore the development of a 'hub' as the central point of contact, information and signposting for potential and actual volunteers. This will prove an important means of extending the pool of volunteers. This latter role is important because at present there is a tendency to overuse the same group of regular volunteers.
- A common fear among employees is that if there is an increase in volunteers within HBC there will be a decrease in the number of paid workers to accommodate this. Connected to this is the misuse of volunteers. Placing them in areas where they have little or no specific interest/ experience or where they could intimidate employed staff or indeed those service users they are supposed to help. This can cause resentment and fear among existing paid staff. Secondly, taking on volunteers often with a considerable breadth of skills and experience, can greatly add to the value of a service but again at the cost of causing resentment among potential employees of similar age and with equal experience and skill.
- Protective legislation can have both a positive and negative effect on potential volunteers. Positively, it is designed to reinforce their employee, civil and statutory rights to ensure they are protected in the same way as council employees. It is also designed to protect vulnerable individuals from abuse. However, volunteers understandably, can be frightened by the implications of legislation and by the official forms they are required to complete. This particularly can be a daunting prospect among older volunteers who are used to a more informal approach with a 'lighter-touch'. For example the Criminal Records Bureau (CRB) check process along with the impending introduction of the Independent Safeguarding Authority process can be a daunting prospect for such individuals and can act as a disincentive for volunteering within HBC.

- It is important to ensure that where there are services being run by volunteers, that they are given appropriate support and equipment to do this effectively.

5.6 Hopes and Opportunities

- It is recognised that volunteering is an important means of improving services to communities as well as the communities themselves, by stressing the importance of the strong social conscience already present in Halton. Volunteering by its nature tends to improve networking within communities. Word quickly spreads that things are getting done and this can help to sustain interest and higher levels of volunteering. The clear message is that **volunteers can get it done!**
- With a high level of strategic support it should be possible to get more people back into work, simply because volunteering offers experience and in many cases the opportunity to obtain qualifications while on the job.
- Volunteering is a very socially rewarding experience and as a consequence can help to broaden individual horizons enabling people to network more effectively. It can also offer people a level of responsibility and autonomy both of which can serve to enhance self- esteem. Further, volunteering is often visible at local level and is an excellent way of empowering local people to make noticeable changes in the way things are done in their community.

The ultimate hope is that volunteering will become a 'natural' part of HBC's culture. Thus currently an individual goes to the job-centre either physically or on-line if they are looking for employment. Similarly they would go to the Hub if they were seeking information on what the local possibilities are for doing some voluntary work. Indeed, both areas don't have to be mutually exclusive and eventually may simply be seen as alternative ways of contributing to: personal development, family, community and society.

6. Recommendations for the Implementation of the Strategy

The following recommendations suggest the direction of the work necessary to implement the strategy.

6.1 Volunteering Stakeholder/Strategy Group

The greatest priority for developing enhanced volunteering within the Authority is the creation of a strong volunteering stakeholder group. Recommended that:

- A volunteer strategy implementation group (SIG) is established whose remit would be;
 - to develop, and provide guidance on, a policy on volunteering
 - to carry out a survey of all volunteering activity within HBC and develop a 'map' of possible volunteering activities
 - to develop interfaces between the Authority and individuals via the community and voluntary sector

Ownership of the strategy clearly belongs with identified stakeholders. The membership of the new group should reflect the major stakeholders within the Authority. Key community organisations such as Halton Voluntary Action, Halton Healthy Living programme, Reach for the Stars/Health Trainers should be invited to join the group and membership of the group should include volunteers

6.2 Volunteering should be visible and valued

Recommended that:

- The Volunteer strategy implementation group should develop a volunteering marketing and promotion strategy for the Authority. The way we market volunteering in the Authority will affect the way it is perceived.
- Promotion of volunteering by employees should be further developed within the Authority.

6.3 Good volunteering practice should be promoted

Volunteers should be well managed to ensure that they are not taken advantage of. This will help enable HBC to engage volunteers more effectively. Recommended that:

- The strategy implementation group draws on good practice to develop a volunteering policy
- Core volunteering impact measures should be agreed by the implementation group to help assess the benefits of volunteering;
- A volunteering survey should be conducted to establish a baseline for volunteering activity within the Authority

6.4 The volunteer experience should be positive

If volunteers are to be recruited and retained then the people managing them need to have the skills to develop effective volunteer programs based on good practice. Recommended that:

- Appropriate staff are offered volunteer management training
- Best practice in improving the volunteer experience is shared between the authority and other agencies involved in volunteering activities.

6.5 Accessible volunteering : Pathways from volunteering to employment

Volunteering may be especially beneficial for groups at high risk of social exclusion but these groups may also need the most support to volunteer. Recommended that:

- Volunteering Strategy Implementation group examines the appropriateness of the development of a volunteering “hub” within the Authority.

7. Monitoring and Review

HBC is a best value provider that is fully committed to the continuous improvement of its services. This is achieved through the regular monitoring and reviewing of its policies and procedures. The SIG will report the level of volunteering within HBC on an annual basis. It will also undertake to monitor the Volunteering Strategy and related Action Plan and report on a regular basis. SIG will undertake to review the Volunteering Strategy in 12 months and then carry out future reviews as appropriate.

As previously stated earlier in this Strategy an evidence based outcomes framework will need to be developed in order to be able to review the outcomes of the strategy's implementation and the contribution it is making towards the requirements of the national performance framework and the LAA.

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Action Plan

Action	Outcome	Timescale	Lead Responsibility
Commission Halton Voluntary Action (HVA) to undertake 6 month project within the Health & Community (H&C) Directorate, linked to supporting the implementation of the Council's Volunteering Strategy	<ul style="list-style-type: none"> Increased awareness/knowledge/value of current and potential volunteering placement opportunities within the Health & Community Directorate and scope of volunteering in HBC as an organisation. Increased number and quality of volunteering opportunities within Sure Start to Later Life (SS2LL) and Community Bridge Building (CBB) within the H&C Directorate. Improved impact on service delivery of volunteering activity 	September 2009	Operational Director (Health & Partnerships)
Undertake baseline, training and development of volunteering 'manual/guidelines'	<ul style="list-style-type: none"> Undertaken a simple survey across the whole of the Authority, to ascertain the current levels of volunteering activity in HBC and the potential for future development. Analysed accurate baseline of current and potential placements across the H&C Directorate Trained managers within SS2LL and CBB to increase awareness/quality of placements Formulated consistency of approach and improved quality of placements across the H&C Directorate 	December 2009	HVA
Undertake development, monitoring and evaluation of volunteering	<ul style="list-style-type: none"> Increased number of volunteering opportunities within SS2LL and CBB, in conjunction with undertaking management/monitoring 	February 2010	HVA

opportunities within SS2LL and CBB.	<p>and support processes associated with co-coordinating placements.</p> <ul style="list-style-type: none"> • Support and mentoring activity with “volunteer managers” within SS2LL and CBB, to ensure increased number of placements and -where required - improved quality of experience. • Data collected to measure increase, if any, in the number of volunteers within SS2LL and CBB from the baseline and qualitative data monitoring to outline the effect / impact of the coordinated approach on the volunteer experience and service delivery. 		
Undertake end of project analysis	<ul style="list-style-type: none"> • End of Project report produced outlining evaluation of success of placements undertaken in SS2LL and CBB for the service and individual volunteers utilising best practice tools around impact of volunteering on the individual and service area • End of project presentation made to the SIG which will draw together the key findings and recommendations of the project. 	March 2010	HVA
Produce Chief Officers Management Team Report	<ul style="list-style-type: none"> • Report to outline the key findings and recommendations of the project. Report will give senior managers the required information needed, in order to formulate a future plan with regards to volunteering activity within HBC in the future. 	April 2010	Operational Director (Health & Partnerships)

Outcomes of the Strategy for HBC

- Greater involvement of appropriate stakeholders in implementation of strategy (including corporate and voluntary sector.)
- Increase number of volunteers, especially from disadvantaged and under-represented groups.
- Increase in number of HBC employee volunteers.
- Accurate data obtained of existing volunteer activity within Directorates and across the Council. Reliable baseline from which to develop volunteering performance management.
- Creation of volunteering hub which will work to achieve a leaner, effectively marketed and high quality volunteering infrastructure reaching, recruiting and placing a greater number and diversity of individuals coupled with improved volunteer management.
- Better retention of volunteers
- Increase in staff skills in managing volunteers
- Clarity provided to staff and volunteers around best practice.
- Application of policies and procedures for volunteers.
- Creation of a standardised corporate approach to volunteering.
- HBC, staff and volunteers have clear idea of role each play in volunteering for HBC

Principles of Good Practice**1. General support**

Volunteers tend to be active in a wide range of bodies and in different situations. For example, in addition to voluntary and community organisations, they are also used by statutory bodies and in particular, by health services and hospitals. It is therefore important to ensure that they are being managed and supported in the best possible way. This is crucial because volunteering has become more complex and bureaucratic. In particular, there may be health and safety issues, criminal record checks (for certain areas of volunteering) and an overall increased risk of litigation reflecting society in general.

Good practice guides for volunteering also exist. There is the **Volunteering England Investing in Volunteers Quality Mark** for organisations using volunteers. In addition, **The Institute of Volunteering Research** has produced a 'Volunteering Impact Assessment Toolkit'. This enables organisations to assess the effect that volunteers have on: volunteers themselves, on the organisation, on service users and on the community.

Also, the 'Voluntary Sector Institute for Professional Develop' (VSIPD) has been instrumental in commissioning an NVQ level 2 certificate in Community Volunteering. In addition, 'Business in the Community' (BITC) a nationwide collective of companies which challenges organisations to improve the impact they have on society and the environment, offers accreditation for employees wishing to volunteer. This is called 'Volunteering Plus' and it enables any learning and development that results from volunteering to be directly linked back into the workplace.

2. Common principles and relations with paid staff

All employees have a role to play in identifying ways in which the work of HBC in general and the Health and Community Directorate in particular, can be enhanced through the involvement of volunteers. However, it is important to ensure at an early stage in planning that such opportunities are seen as complementing, rather than substituting for the work of paid staff. The tasks volunteers will be expected to perform must be clearly defined, along with any set times/shifts, so that all concerned with their activities are aware of their responsibilities. It is important that the views of volunteers and those working with them are represented through such established mechanisms as Volunteer Forums.

Volunteers must not be asked to carry out tasks previously undertaken by paid workers whose posts have been made redundant, frozen or whose hours have been reduced. Nor must volunteers be made to work in a way that could contribute to a decrease in paid employment. They cannot be used in times of industrial action to do the work of paid employees. As far as possible

volunteers will have responsibility for carrying out specific tasks and these should add value to existing services. HBC will ensure that its employees at all levels are clear about the role of volunteers and that good relations are fostered between employees and volunteers.

3. Recruitment, Selection and Placement

Volunteering opportunities should be promoted widely such that they are accessible to all sections of the community. Individual opportunities when publicised, need to draw attention to the benefits and experience that can be gained from participation in volunteering. Recruitment and selection of volunteers must be in accordance with HBC Safe Recruitment and Selection for Appointing Officers and Equal Opportunities Policy. All the relevant checks should be adhered to and in particular good practice should be followed in the following areas:

- Advertising widely through various means – posters, adverts, volunteer events/talks in local places such as libraries, etc.;
- Completion of a volunteer application form;
- Volunteer “interview” – an informal two-way process, giving the potential volunteer enough information for them to decide whether or not they would like to volunteer and finding out if their skills and experience would fit into a volunteering role;
- Satisfactory checks prior to starting the volunteer placement, e.g. two references, and for some job roles, a Criminal Record Bureau disclosure etc. Some volunteers may approach the Council via other bodies, for example, Volunteer Centre or Bureau, voluntary organisations, where they may have already been through some of these checks. Obtaining copies of these checks, or a statement from the organisation confirming that satisfactory checks have been received will be required.
- Volunteer Induction
- Volunteer Agreement (agreed between both parties) – outlining what the volunteer can expect from the Council and what the Council will expect in return. Areas to be covered would include how the volunteer will be trained and supervised, what times they will be expected to come in and how frequently and what the volunteer should do if they cannot come in. It must be made clear that this agreement is not a contract of employment, and that either party can terminate the arrangement at any point in time. If possible, an opportunity should be made available for a discussion around why the arrangement is being discontinued.
- Volunteer recognition – some form of recognition such as an internal awards scheme, or presentation of a certificate, etc.

Placements within HBC will need to be carefully matched to the volunteer’s particular skills, experience and interests. Once placed, the council will expect volunteers to be made aware of and comply with existing policies and procedures (maybe in the form of a volunteer handbook). All volunteer roles

will be clearly outlined in a document that sets out the duties involved, time and frequency, commitment and required skills.

4. Support, Rights and Expectations of Volunteers

HBC must make adequate provision for the management of volunteers within available resources (financial, personnel, etc.). HBC will provide an induction period and a review session in order to assess the progress of the placement. This will enable problems to be identified and resolved at an early stage. In addition, an induction pack, or volunteer handbook containing health and safety legislation, complaints procedures, confidentiality, policies, procedures and other information relevant to their area of work, must be made available.

HBC will provide insurance* (normally through employer's liability insurance or public liability insurance) for volunteers and also funding for payment of reasonable, authorised, out-of-pocket expenses. In this respect volunteers will be given clear instructions and information about what expenses can be claimed and how to make such a claim. Each volunteer will be assigned a specific contact or mentor who will provide information, encouragement and support on a regular basis. Any issues or problems should be discussed initially with this mentor. HBC will offer suitable training based upon the volunteer's role, current skills, previous experience and the council's requirements.

* Insurance – there is no upper age limit to volunteering at Halton Borough Council, however, some insurance companies either refuse to insure older people in certain roles, or charge a higher premium for older people. There are many inconsistencies with insurance companies and their treatment of older volunteers, but hopefully with the introduction of age discrimination legislation this problem will end.

HBC firmly recognises that volunteers have the right to:

- Know what is expected of them
- Have clearly specified lines of support and supervision
- Be shown appreciation
- Have a safe working environment
- Be insured
- Know what their rights and responsibilities are if something goes wrong
- Be paid appropriate expenses
- Be trained for the duties they are expected to undertake
- Be free from any form of discrimination
- Confidentiality
- A level of personal development

In return, HBC would expect volunteers to:

- Be reliable, honest and respect confidentiality
- Attend training and support sessions when these are agreed
- Act with due care for their own safety and that of others
- Acknowledge and adhere to council policies and procedures

- Carry out tasks in accordance with the aims, values and expectations of the council
- Always work within agreed guidelines and remits
- Be anti-discriminatory in their work and at all times promote equality of opportunity
- Honour the volunteering commitment that they have made

REPORT TO: Executive Board

DATE: 5th November 2009

REPORTING OFFICER: Strategic Director – Environment

SUBJECT: Proposed Air Quality Management Areas,
Widnes Town Centre

WARDS: Kingsway, Appleton

1.0 PURPOSE OF THE REPORT

- 1.1 To advise Management Team of the intention and need to declare an Air Quality Management Area (AQMA) and to outline the processes which, need to be followed to achieve this.

2.0 RECOMMENDATION: That

- (1) the need to declare Air Quality Management Areas be agreed;**
- (2) the precise details of public consultation is to be determined by the Operational Director - Environmental & Regulatory Services; and**
- (3) the results of the consultation exercise are reported back to the Executive Board along with details of the proposed Action Plans, once they are fully developed.**

3.0 SUPPORTING INFORMATION

Legislative Background

- 3.1 Part IV of the Environment Act (1995) requires local authorities to regularly review and assess air quality in their areas (S83 (1)).
- 3.2 The Expert Panel on Air Quality (EPAQs) set objective levels (targets) for 7 pollutants that local authorities are responsible for monitoring against. These objectives are based on the known health effects of the pollutants. Where local authorities identify potential exceedances of the levels they must declare an Air Quality Management Area or areas (AQMA). They must then prepare an Action Plan setting out the measures it intends to put into place to improve the air quality in that area in relation to the pollutant of concern.
- 3.3 A detailed air quality assessment undertaken in Widnes Town Centre has indicated that the air quality objective for Nitrogen Dioxide (NO₂) is

being exceeded. As a result of this DEFRA is requiring Halton Borough Council to declare an AQMA in line with the S83 (1).

- 3.4 In 2008, a real-time NO₂ analyser was positioned on the Milton Road/Kingsway junction. The analyser provided an accurate and detailed means by which to measure NO₂. The analyser corroborated the findings of earlier historic data in this area and confirmed elevated levels of NO₂ in exceedance of the objective levels.

Proposed Air Quality Management Area

- 3.5 The extent of the AQMA is left to the discretion of individual local authorities. The size and shape of the AQMA will be dependent upon the extent of the problem and the source of the exceedance.
- 3.6 The exceedances of the NO₂ objective within Widnes are occurring within close proximity to busy road junctions and are localised. The only localised source of NO₂ in the area is traffic. Therefore, the conclusion can readily be drawn that traffic is the only major contributory factor to the elevated levels of NO₂ in the area.
- 3.7 It is therefore proposed that 2 AQMAs be declared in Widnes Town Centre to address the nitrogen dioxide levels. A plan outlining the proposed Air Quality Management Areas (AQMAs) is attached (Appendix 1).
- 3.8 The actual AQMAs are shown as the 2 blue lines. These linear AQMAs are confined to those roads adjacent to residential properties where monitoring has shown an exceedance of the nitrogen dioxide objective.
- 3.9 The measures proposed to reduce the levels of nitrogen dioxide in both areas will be included in a list of actions (AQMA Action Plan). Since traffic from a wider area will influence air quality the proposed actions may be within a wider area.

Action Plan

- 3.10 Within the proposed action plan area, a review of the contributory factors and traffic patterns will be undertaken to determine if traffic can be diverted away from the AQMA and the air quality improved. The Action plan is not limited to this area.
- 3.11 AQMAs can contribute to improvements by encouraging developments that are likely to have a positive impact on air quality by supporting the objectives of any Air Quality Action Plan. Good developments, for example, can help limit congestion and car parking, support public transport, walking or cycling.

3.12 An example action plan compiled following internal discussions with officers and other stakeholders is attached (Appendix 2). This plan will develop in more detail as the consultation process evolves.

Consultation

3.13 The Environment Act 1995 has placed an obligation on local authorities to consult with local stakeholders as part of their air quality management process. The Act specifies the following consultees:

- The Secretary of State
- The Environment Agency
- The Highways Agency
- All neighbouring local authorities
- Other public authorities as appropriate
- Bodies representing local business interests and other organisations as appropriate.

4.0 POLICY IMPLICATIONS

4.1 The Secretary of State has the power to direct any local authority to take appropriate steps if it fails to discharge any duty imposed by the Act (s85 (3)). The general public and local businesses have the right to question the efficacy, legality, or appropriateness of an AQMA order via judicial review. There is no statutory right of appeal against the designation of an AQMA.

4.2 The Rogers Review, published by the Better Regulation Executive in March 2007, identified that, out of 60-policy areas, air quality should be in the top five priority areas for local authorities to commit resources.

4.3 Most of the measures identified within the draft action plan attached are consistent with policies already in existence, most notably:

- Local Transport Plan
- Unitary Development Plan
- Local Authority Carbon Management Policy

5.0 OTHER IMPLICATIONS

5.1 Resources for undertaking the consultation process will have to be found from within existing budgets.

5.2 There are no direct costs in actually designating an Air Quality Management Area. It is an administrative exercise. The subsequent Air Quality Action Plan may have some indirect impact on the delivery of plans and strategies that influence air quality and sustainability.

5.3 The exact cost of implementing the action plan cannot be calculated at this stage as any action plan can only be fully completed following consultation with all those in 3.15 above. However, Appendix 2 outlines a number of actions that may be considered in the final action plan and

cross-references where these areas are already being addressed through other established HBC policies and strategies.

- 5.4 The Council has benefited considerably from DEFRA funding in the past to assist with the cost of purchasing and running air quality analysers. This year DEFRA has changed its policy on allocation of funds and has targeted authorities who have declared an AQMA, funding schemes within their action plans. It is likely that, without making a declaration, the Council will have to reduce the number of monitors in the Borough within the next few years. Declaration will, however, give the Council potential to access further DEFRA funding in order to address the Action Plan.
- 5.5 It should be noted that the air quality review and assessments and the annual updates are public documents and are available to any interested member of the public via the Council's website.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

The implementation of the actions outlined in the Plan, will assist in improving air quality, throughout the identified areas and in the proximity of nearby school and nursery.

6.2 Employment, Learning and Skills in Halton

None

6.3 A Healthy Halton

By addressing the specifically identified air quality issues the environment and general conditions, which can affect health will be improved.

6.4 A Safer Halton

The development of the Action Plan acknowledges the need to be inclusive in dealing with air quality as an issue not only for the purposes of achieving a statutory objective but also to link in with policies borough-wide which have a direct effect on sustaining safer, cleaner and stronger communities and in providing support for vulnerable communities.

6.5 Halton's Urban Renewal

Once an AQMA has been declared air quality becomes a material consideration for developments, which might impact positively on nitrogen dioxide levels within the AQMA. It should not preclude or deter development and is unlikely to result in decreased development demand, although it may impact upon traffic and vehicular movement

considerations. The status of an AQMA is already recognised within Halton's UDP.

7.0 RISK ANALYSIS

- 7.1 There are 2 major risks. Firstly that the Council could be seen to be failing in its statutory duty to declare an AQMA in an area that they are not only aware is failing to meet the Government's standards for air quality, but as a consequence it is acting in defiance of DEFRA's recommendations to declare. Residents have the right to hold the Council accountable via judicial review. In addition, DEFRA may invoke sanctions, although there have been no cases to date of DEFRA taking this action.
- 7.2 The second is that the declaration of an air quality management area could blight the properties located within or adjacent to the area. A robust communication strategy will mitigate this issue, and obviously prompt resolution of the problem through the compilation and implementation of the action plan will assist greatly. Leaving the issue unresolved may contribute to the problems described in 7.1 above.
- 7.3 It should be noted that information on AQMAs is not included in local land searches at present.

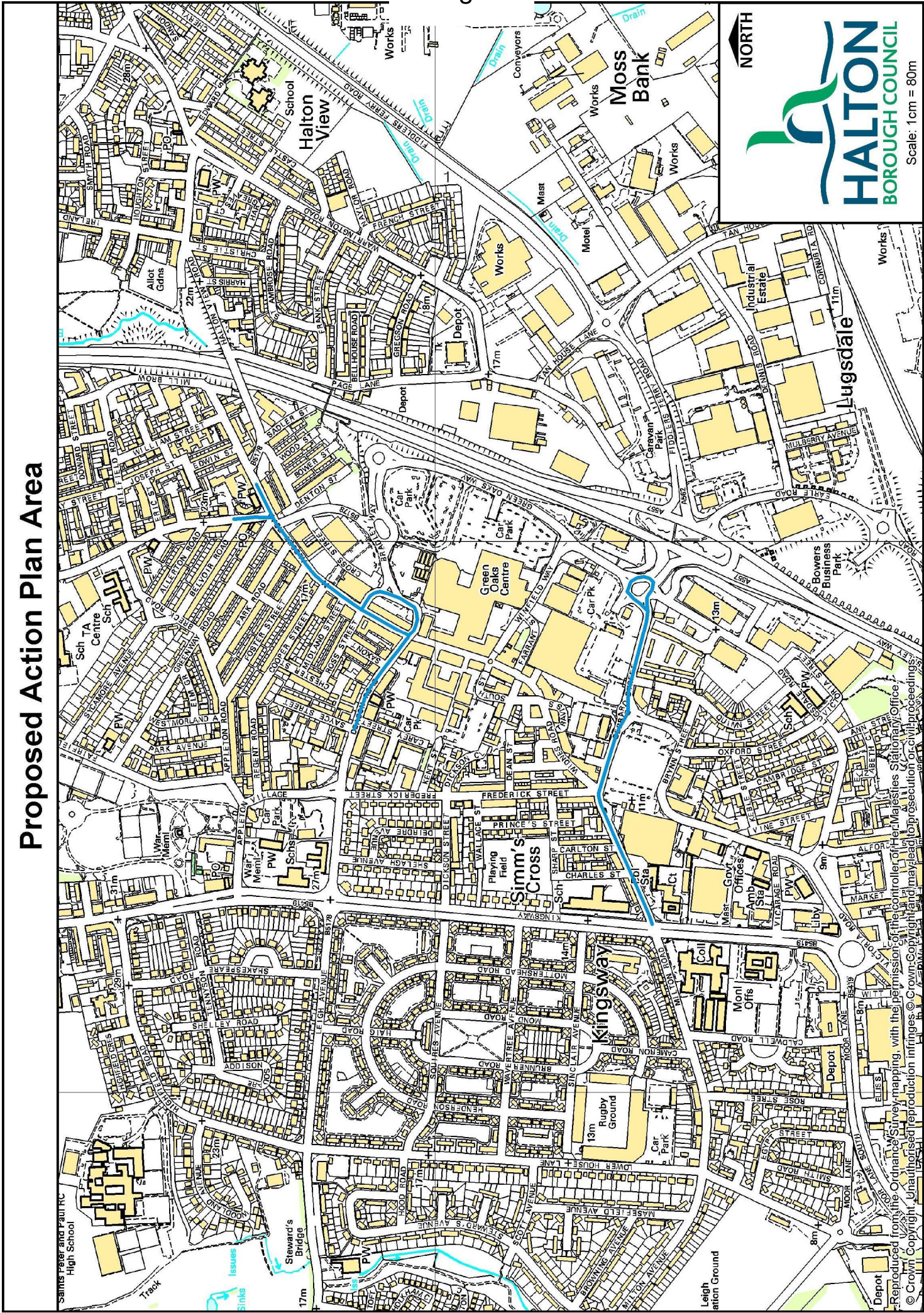
8.0 EQUALITY AND DIVERSITY ISSUES

- 8.1 The designation of this piece of legislation is not intended to have either a positive or negative impact upon equality and diversity. However, the consultation process will need to be inclusive and any action plan subject to an equality and diversity impact assessment.


9.1 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

Document	Place of Inspection	Contact Officer
The Environment Act 1995	Rutland House	Isobel Mason
Halton Unitary Development Plan	Rutland House	Isobel Mason
Background Information	Rutland House	Isobel Mason

Proposed Action Plan Area



NORTH



HALTON
BOROUGH COUNCIL

Scale: 1cm = 80m

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Proposed Action Plan for Discussion - APPENDIX 2

Actions	Lead Dep't	Relevant strategies	Consultant Depts, Division /organisations	Feasibility	Resource implications
Provide information to the public and business on links between air quality and transport	Env and Reg Services		Highways	High	Low
Improve use of public transport	H, T and L	STP1,2,4 (3.1.8/3.1.10/ 3.2.4/3.4.7) BVPI102		High	Low
Encourage school and work place travel plans	Highways	L6, L7	Highways, Env Health, Education, Local commerce	High	Low
Encourage cycling and walking	Highways	STP1,2,3,4 LTP3 (3.4.7)	PCT	High	Low
Amend traffic light signalling to change priority at Milton Road junction	Highways	STP1,2,4 (3.2.9)		High	Medium
Encourage delivery vehicles to switch of engines when stationary	Env and Reg Services	STP4	Planning, Highways	High	Low
Encourage/enforce entry to town centre along major routes	Highways	STP4 (3.2.9) Network management		High/low	Low/medium
Establishment of cycle lanes around Widnes town center.	Highways	STP1,2,3&4		Low	High
Review parking controls	H T and L	3.2.10	Town centre management	High	Low
Compulsory purchase of properties adjacent to roads	Legal		Env Health	Low	High
Implementation of powers to conduct vehicle emissions testing	Env and Reg Services	STP4	Police, highways	High	Medium
Incorporate more sustainable forms of transport incentives and traffic management measures into LTP.	Highways	STP4	Env Health	High	low
Improve infrastructure to reduce traffic	Highways	STP1	Planning, Env Health, local businesses	Low	High
Use the planning system to ensure new developments take air quality into account	Env and Reg Services		Planning	High	Low
Ensure new developments use prescribed routes (i.e. not come through town centre).	Env and Reg Services	UDP	Highways	High	Low
Raise awareness and encourage greater interaction amongst the relevant decision-makers including Environmental Health, transport and land use managers.	Env and Reg Services		Highways, Planning	High	Low
Increase green travel schemes through S106 agreements	Env and Reg Services		Env Health, Highways	High	Low
Improve emissions standards for council fleet.	H T and L	LACMP STP2	Env Health, Co emissions task force	Medium	Medium

Employee incentives for greener vehicle purchase/lease	Personnel	LACMP STP2 PTS17	CO emissions reduction task force	High	Low
Engage with freight transport operators to promote use of cleaner engine technology and fuels.	Env and Reg Services		Planning, highways, local commerce	High	Low
Engage with local transport operators to encourage cleaner engine technologies and fuels	Env and Reg Services		Highways, public transport operators	High	Low

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